	STA	TE	0F	M	ARYI	.AN	Ŋ
DEPARTMENT	OF	HE	AL1	Н	AND	ME	i
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D 3 7 26546

16-6869 SEP	25	FOR STATE REGISTRAR	DEP	CERTIFICATE OF DEAT	2.6 3	70
		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
oy be oge 3 death	(TYPI	Thomas	s Nelson	Amos	August 30, 1	987 1:00 %
moy rer d	3 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS
rectar		Male	Caucasian	July 12, 1906	81 YRS.	
oth. Per 72 ho	7a. B	COUNTRY)	U.S.A.	MARRIED NEVER MARRIED	TT - m P -	nd
de de	10. C	Maryland ITY OR TOWN OF DEATH		WIDOWED DIVORCED [URSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
on softer softer by the followitied with			1862 Salem	Church Road	(TYPE OF WORK FOR MOST OF WORKING LIF	
AND 212 24 hour 1d be f	13a	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN Har)	TY 13c CITY OR	ttsvilles NO T	3862 Salem C	21084
ARYL ARYL	14. F	THER'S NAME FIRST CORBIN	AIDDLE LAS		WIDDLE	IAST TAST
W A A A A	16a \	VAS DECEASED EVER IN U.S. ARA		SECURITY NO. 17 INFORMANT	ADDRESS	Morse
NON THE PROPERTY OF THE PROPER			WAR OR DATES)	3-8247 Margaret	S. Amos sam	e as above
ficote paper payer paper payer ent, the		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y ane cause per line far (a), () BY:		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST certi ribon or rem		IMMEDIATI	E CAUSE (a)	cona cora		
STO death itend iten, o		Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF		
201 W. PRESTON ST., BALTIMORE, MARYLAND es that the death certificate resecution within 24 ned by the attending physical and the please remove carbon page. Factor field or viol, cremation, or removal. v. or other traumotic event, the medical examines way.		gave rise to immediate cause (0), stating the underlying couse last.	DUE TO, OR AS A CONS	SEQUENCE OF		
RDS, 20 equires 1 n signed Then ple r to buric	NO	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing</u>	G TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	EN IN PART 11a
NG PHYSICIAN: The low requirentending physician. The low requirential physician. The this certificate has been sign as the buried-transit permit. Then the and Mental Hygiene prior to burded or flem 48 shows ony injury orked or flem 48 shows ony injury	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \ NO \ \
OF VITA CIAN: Th physicie physicie ol-transit rtol Hygie em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		H DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 P	
ON OF TYSICIA ding pl is certif buriol-ty Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	21f LOCATION		
IVISIG PH optend optend optend rked op	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE
ADIA Lor Lor Use o lealth		220.1 certify that (I) (this hand)	il) attended the deceased f	rom, 19	, ta,	19, that (I) (we) last
ATTER spirto CTO I for of H		sow the deceased alive an abave, (I) (we) (did) (did not	Lynna the Lady after death.	19, and that in (my) (aur) apinio	on death occurred on the date and have	r and fram the causes stoted
the host of the board of the board of the best of the		22b. SIGNATURE	Mal	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 8/3/87
HOSPITAL ined by t FUNERAL wid be def		22d. PHYSICIAN'S NAME (TYPE OF		22e ADDRESS		10.2.197
TO HOSPITAL retoined by 1 TO FUNERAL should be de with the Store		VIJAY	S. NAIR M	.D. 2112 Belo	ir Rd. Fallston,	Md. 21047
∑ 5 F ≥ 3 ₹ \		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	CITY OF TOWN	COUNTY STATE
RP		Rurial	0/2/1087	William Watters	Coontown Ho	nfond Ma

DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR Gladden Kurtz (VRA 15, 4)

Jarrettsville, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

John T. Daniel B. S. Bern MAN TIMEV

Markell 19/2 lest insilites tendure Soupsons, markerd. Like

Jane Small 1822 John Drive 21040 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 206 IF YES: WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO E YES [7] TIE HOW INJURY OCCURRED TENTH NATURE OF HUGES POSITION IS FART TO DEPART 21 CITY OF TOWN EQUAR STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated THE DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN I 23a. BURIAL, CREMATION, REMOVAL 236. DATE 73c NAME OF CEMETERY OR CREMATORY (SPECIFY) Saint Bonaventure 24 FUNERAL DIRECTOR harles S. Zeiler & Son Inc. 6224 Eastern Ave.

26. HOUR

176 KIND OF BUSINESS OR

Housework

IF UNDER I FEAR

Harford (ounty

INDUSTRY

750

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE

067087 SEP 2		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO		1
	1 DE	EASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	R 2b HOUR
moy be poge 3		Austin		FUGENE	B	envett	Sep		7 8:01 N
moy pog	3 SE	(RACE		5. DATE (6 AGE (IN YEARS LAST WATE		EAR IF UNDER 24 HRS
4 000		MALE	WHITE			MBER 11, 1922	65	YRS	
2 11 15			b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	4
10% 5	1	MARYLANO	US	Δ	WIDOWI		HarFn	e S	MD
1/2/2	10. ÇI		11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		ID OF BUSINESS OR
5 M 66		VRE de GRACE	HARFO	e) Memay	Riol	Hospital	(TYPE OF WORK FOR MOST OF		S. ARMY
MARYLAND 21201 ed within 24 hour mpletely filled in the	13a. S	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNTY)	THER INSTITUTION	13c CITY OR TOW		1134 INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP CODE	
NND 24 I		MO HARFO	ORD	HAVRE de	GRACE	YES NO	129 FRANCIS S		21078
twit	14. FA	THER'S NAME	NDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST
MAM & do			AUSTIN	BENNETT		ELIZABETH	JANE	В	LIZZARD
SE, I		VAS DECEASED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	SS	
BALTIMORE, cote be execut of copers. Poges, in word.	(,		WAR OR DATES)	212 16 535	2	MRS. LUISE BENNE	ETT SAME AS	#13e	
ocion Free r						THIS. COLSE BEHAVE	-11 3/1/L /13		PROXIMATE INTERVAL EEN ONSET AND DEATH
£ 0 0. It		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		Ma al	# 10 m	a to	C 1	BETW	EEN ONSET AND DEATH
		IMMEDIATE	CAUSE (o)	CUFUL	OFRE	prairing	Urrest		
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the death the acted remotion.		Conditions, if ony, which gove rise to immediate	(b)_	MOPLO	STIC) mon cov	V COrcon	198110	
l W. Ps hot the by the ase rem I, cremi		couse (a), stating the	DUE TO, 9	R 46 A CONSEQUE	NCE OF	lung with l	one quel /	Iver my for	tusis
or of		underlying couse lost.	(c) (monic	01	starutive	PUlmonar	y dise	1
s, 26 ires gne en pl	-	PART 2 OTHER SIGNIFICANT C	onditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR COND	OTTION GIVEN IN PAR	1 110
RDS, 2	CERTIFICATION								
ECOR ow red mit. T prior t	13	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIN	IDINGS USED
TALRE lo The lo scion. The los sit per per giene p	1	1					YES NO	YES [NO []
NOF VITAL	E E	218 ACCIDENT WAS UNDERLYING	21b. TIME C		AV VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART I OR PART	2)
SICIAN: ng phys certifico rial-tra	AL.	OR CONTRIBUTING CAUSE OF DEAT		M. MONTH DA	19				
ON Ins ce Buri	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		vn COUNTY	STATE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DING PHYSICIAN: The low requires that the death certion or attending physician. After this certificate has been signed by the attending of as the burial-transit permit. Then please remove carbon oith and Mental Hygiene prior to burial, cremation, parrey marked or Item 18 shows any injury, or other troumplies.	M	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR TOW	7N COONIY	STATE
00 00 E		22a I certify that (I) (this haspite	ol) ottended th	e deceased from_		, 19	, to		_, that (f) (we) last
TTEND pitol or TOR. A for use of Heol		saw the deceased alive on a		19	, o	nd that in (my) (our) opinion	death accurred on the da	te and hour and from	the couses stated
OR ATTOOR ATTOOR ATTOOR OF HOSPITCHED FOR THEM 2		22 SIGNATURE	view the body	offer death.		DEGREE		22c D	ATE SIGNED
, <u>r</u>		Marcha 14		P.M.		ATTENDING PHYSICIAN	MEDICAL STAF	FIND 96	14/817
SPITA LERA LERA LERA LERA LERA LERA LERA LER	1	22 PHIS LIAN'S NAME TYPE OF	PRINT)	11		22e ADDRESS	DIRECTOR PHISICI	AND UP	1101
O HOSPITAL etoined by th TO FUNERAL should be det with the Store		(RANG	/11	TM		310 P/	linin An	Hall	1. /12.
TO HOSP eformed TO FUNE should be with the the MADORTA	00	1/1/401	W. 1	100	14145 05	NUD UIL	123d LOCATION	110110	20100
-	23a. 8	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	d 2/0/1
RP		CREMATION	24SEPP1	EMBER87 R.	. A. FE	ERRIS + CO.	WEST CHESTER	۲,	PA.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR STAGNATURE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SE	Pi	ZER TRAR			CERTIF	ICATE OF DEATH	REG. NO) .		
	1. DEC	CEASED NAME FIRST ANN	٨	AIDDLE	Roop	AST	20 DATE OF DEATH	MONTH DA	1997	26. HOUR P
	3. SE)		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF		IF UNDER 24 HRS
		ema1e	White		11	18 25	61	YRS.		MIN.
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D 🖾 NEVER MARRIED 🗆	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
)	_	nnsylvania	USA	OCOLIAL PRINCIPLI	WIDOWE	DR OTHER INSTITUTION	HA	rtord		MD.
6	Ha	wie de Grace	HAT IN SUC	ord Men	ADDRESS)	1 Haspital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O L.P.N&Home	WORKING HEEL		BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU ryland Ha:		GIVE RESIDENCE BEFORE 13c CITY OR TOW Aberdee	N	130 INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS 7	ZIP CODE	21001	1
	14 FA	THER'S NAME FIRST Mitro	WIDDIE	Rakochy	7	15. MOTHER'S MAIDEN NAM	ME		Makwil	n
	(3		RMED FORCES?	187–20–1		17 INFORMANT Chris Fellenb	869 Ma Jaum, Lancas	nor St ter, P	à. 176	503
	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	ich_	ACOUSEOUS ACOUSEOUS	1	pgcarda NOT RELATED TO THE TERM	Lustana BINAL DISEASE OR CONI	LISA DITION GIVE	N IN PART 1/0	
7	IFICATION	19a DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDING ING CAUSES C	GS USED OF DEATH?
7	CAL CERTI	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET FACTORY, OFFICE, F	ARM, ETC }	21f LOCATION STREET	CITY OR TO	NEI	COUNTY	STATE
		220.1 certify that (1) (this hosp saw the deceased alive or				nd that in (my) (aur) apinian	, to death occurred on the do			not (I) (we) last ouses stated
		22b. SIGNATURE	Lei	Z.	N	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		226. 1945	Vf7
/		224 PHYSICIAN STAME	Lee			Muon M	red Clys	web	favre	Le Gra
	23a B	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION	IJ.	arford	Md'.
	24 FI	Burial	9/15/	87 Ha	artor	d Mem. Gardens	s Aberdeen			

DHMH - 16 60M 7/B4

Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399 SEP 1 6 1987 (VRA 15, 4)

Julia Divideon Pulas

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SEP 1 8 1987 (... Julian Balance)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND D

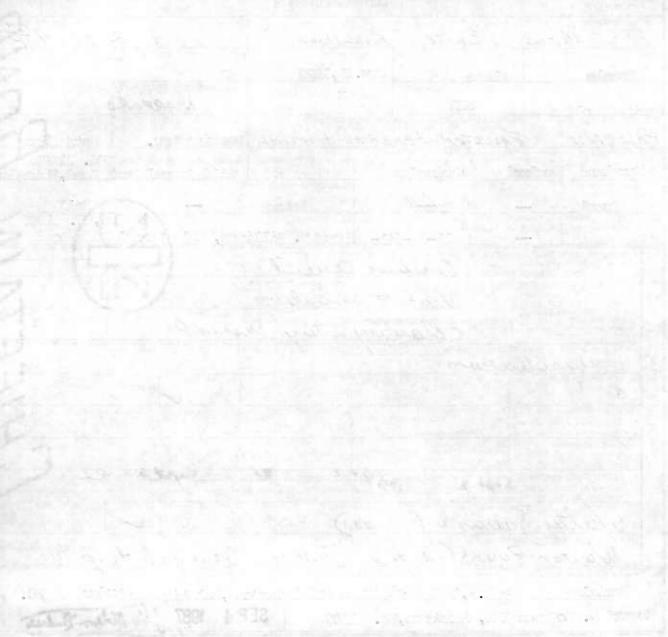
THE OF MARITAND	
EPARTMENT OF HEALTH AND MENTAL HYGIEN	E 4
CERTIFICATE OF DEATH	

WILMIPIGI	OI HEALIN	MIND	MELLINE	HILOMATE	7	
CE	RTIFICATI	OF	DEATH	*	RE	G. N

0

1 05	CEASED NAME FIRST		IDDLE		AST .	REG. NO.						
	EORPRINT) MARY	•	ITH	0	2/1865	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR				
3 SE		4. RACE	7 / / /	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H				
				MONTH	DAY YEAR		MONTHS BATS	HOURS MI				
7a D	Female IRTHPLACE (STATE OR FOREIGN	White	THAT COUNTRY?	Jan.	21,1922	_65 YRS						
	COUNTRY)	76 CITIZEN OF W		MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN	. 1					
No	rth Carolina	US		WIDOWE		HARFO.						
-	ITY OR TOWN OF DEATH		FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF INDUSTRY	BUSINESS				
	ALLSTON	FALLSTO	OEN GEN	ERA	L HOSPITAL	Machine Opr.	Bata	Shoe				
13a	AL RESIDENCE I F NURSING HOME OF STATE 13b COUR		IVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI	DE Md. 21	1009				
	Maryland Harfo	ord	Abingdon		YES NO X	2310 Laurel B						
14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME widdie		A STATE OF THE PARTY OF THE PAR				
	Freal -	1	Perry		Lena	MIDDLE	Hall					
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRAbino	don, Md.					
n		/E WAR OR DATES)	217-20-6	410	Dock M. Bill:	ings, 2310 Laure						
	18 CAUSE OF DEATH (Enter or							ATE INTERVAL				
	PART I. DEATH WAS CAUSE	BETWEEN OF	NOET AND DEA									
		DUE TO, OR	AS A CONSEQUE	NCE OF	$n \cap n$		- 11.7					
	Conditions, if ony, which	gove rise to immediate										
	couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF											
	underlying couse lost (c) Covary ary artery Disease											
_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
ō	Hyperl											
CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b, IF Y	ES, WERE FINDING	GS USED				
TIF	3						YES [NO 🗌				
CE	218. ACCIDENT WAS UNDERLYING		INJURY	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)					
CAL	OR CONTRIBUTING CAUSE OF DEA			19								
MEDICAL	21d. INJURY OCCURRED	21e PLACE O	F INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE				
Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET	ET PACTORY, OFFICE PA	RRM EIC)	SINCE	CIT OK TOTTA		31711				
	270. I certify that (I) (this hospital) attended the deceased from Sept 2, 19 87, to Sept 2, 1982, that (I) (we) lo											
	sow the deceased alive an Sept 2 19 32 and that in (my) (our) against death accurred on the date and have and from the course stated											
	obove, (1) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED											
	Walter Sawy and Mi) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ATTENDING											
	228 PHYSICIAN'S NAME (TYPE	OR PRINT)			22g ADDRESS	DIRECTOR THISICIAN		. /				
	11/1/ton	Zauses	Colo n.		Fallet	Carner 1	4 7	4/				
230	BURIAL, CREMATION, REMOVAL			I Y	T AUGIZIOM	123d LOCATION	(05/01/	4/				
230 1	(SPECIFY)	4.5			EMETERY OR CREMATORY	CITY OF TOWN	COUNTY	STATE				
	Burial	Sept.5.	TUO7 IRA	1 / 7 70 7	T D F		12xt-and	207				
24 6		pepe.J.	190/ 100.	TATE	Memorial Garde	ens Bel Air	larford	Md.				
	UNERAL DIRECTOR OWARD K. McComa				250 DAI	EREC'D BY REGISTRAR 255 REGIS	JRAR'S SIGNATU					

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH 3, dent. & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 73 yrs. 9. BALTIMORE CITY OR COUNTY OF DEATH Harford County

1914 MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

12a. USUAL OCCUPATION

126, KIND OF BUSINESS OR INDUSTRY Aberdeen Proving

21014

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION:
130. STATE

1130. COUNTY

130. CITY OR TOWN 13b COUNTY Maryland Harford 4 FATHER'S NAME

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

18 CAUSE OF DEATH (Enter only one couse per

nancis

4. RACE

(IF YES, GIVE WAR OR DATES)

White

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

BREGISTRAR

DECEASED NAME

Maryland

Bel Air

Francis

YES, NO OR UNKNOWN)

Male

To. BIRTHPLACE ISTATE OF FOREIGN

II. CITY OR TOWN OF DEATH

(TYPE OR PRINT)

3. SEX

Bitner

13c. CITY OR TOWN

Bel Air

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

1711 Schucks Rd., Bel Air, Md.

166 SOCIAL SECURITY NO 218-01-6075

July

17 INFORMANT Esther T. Bittner

13d. INSIDE CITY LIMITS?

Mary

15. MOTHER'S MAIDEN NAME

YES X

ADDRESS Bel Air, Md.

130 STREET ADDRESS / ZIP CODE 1711 Schucks Road

MIDDLE

Agnes

21014

Duke

IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.

Orain

e folla, (b), and ic

ACONSEQUENCE O

TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110

190. DATE OF OPERATION

CERTIFICATION

MEDICAL

20

MPORTANT

OXLA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

28a AUTOPSY? NO

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

21m ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION STREE"

22e ADDRESS

CITY OR TOWN COUNTY

STATE

220.1 certify that (1) (this hospital) oftended the deceased from saw the deceased alve on above. (I) (we) (did) (did nat) vie ew the body after death. 22b. SIGNATURE

DEGREE un uno

MEDICAL ATTENDING STAFF PHYSICIAN T DIRECTOR PHYSICIAN 22r. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL Burial

SUNI Sept. 26, 1987

21b. TIME OF INJURY

23c NAME OF CEMETERY OR CREMATORY Harford Memorial Gardens

Churchville

(our) opinion death occurred on the date and hour and from the causes stated

Harford

DHMH - 16 60M 7/B4 (VRA 15, 4)

O FUNERAL D hauld be detact with the State D

atternar + Son ODRESS Patterson & Son, Perryville, Maryland 25a. DATE REC'D.

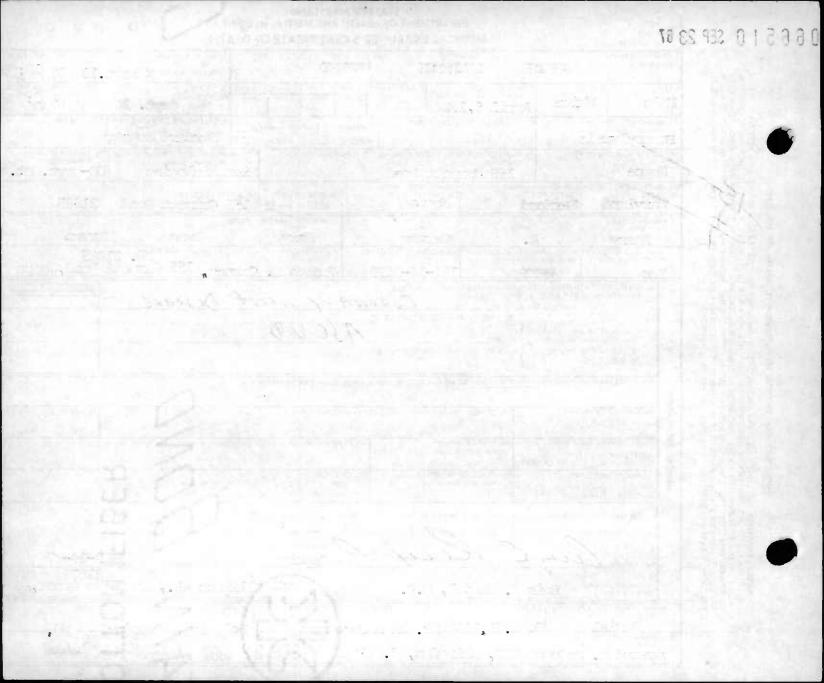
Howard K. McComas III, Abingdon, Md. 21009

(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWN 75 HOUR ITTIPE CREMENT) OF ESTI-JOSEPH CARNEY LAWRENCE 10,00 DEATH MATED X Sept. 19 19 87 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR L SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 9:00 LAST BIRTHDAY) PRONOUNCED Sept. 20 Male White April 9,1924 63 YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Pennsylvania USA Harford County DIVORCED X WIDOWED [12g USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING (IFE) Microbiologist OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) US-govt. Ret. Joppa 155 Garnett Road 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 13c. CITY OR TOWN 21085 155 Garnett Road Maryland Harford Joppa NO X 15. MOTHER'S MAIDEN NAME MIDDLE Mary Anne Harvan Carnev Emery ADDRESS Md. 7. INFORMANT 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 21085 (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 155 Garnett Road, Joppa 184-16-2699 WWII 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CARONARY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAM NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE. PAGE A SHOULD BE FORW. TO FUNEAL DIRECTOR: P. ARTER DEATH. WITH THE ST. BARTIMORE. MARYLAND. Z. 22s I certify that I took charge of the remains described above, held an Autopsy Natural causes X death resulted from: Homicide Undetermined monner TITLE (SPECIFY) DATE 9-20-87 Deputy MEDICAL EXAMINER SIGNATURE 21078 464 Alliance St., Havre de Grace, Md EXAMINER'S NAME Luis E. Renjel, M.D. TYPE OR PRINT ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 BURIAL, CREMATION, REMOVAL 236. DATE Zion Cemetery Burial Sept. 23.1987 Mt 24 FUNERAL DIRECTOR **DHMH - 17** Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5))

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d in by the funeral director, page 3 be filed within 72 hours ofter death

FOR DEPARTMENT OF HEA

STATE OF MARYLAND	
NT OF HEALTH AND MENTAL TYGIENE	
CERTIFICATE OF DEATH	

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		OR PRINT)	FIRST		WE/34		-Aig		SEPTEMBE	7/	1987	26 HOU 9:57	
	3. SE)	(4. RACE		5. DATE C			AGE (IN YEARS LAST BIE		IF UNDER 1 YEAR	IF UNDER	
		FEMALE		Whit	€	July	1 22,191	EAR	75	YRS	MONTHS DATS	HOURS	MIN.
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5	1	Maryland		U.S.	A.	MARRIEI	D DIVORC	IED 1	Harlor				MD.
×		TY OR TOWN OF DEA	TH		HOSPITAL, NURS		ROTHER INSTITUT		170 USUAL OCCUPAT		126 KIND O	F BUSINE	SSOR
	B	ed Air		BELATIC	CONVALES	cent c	SHEL		Housewife	E .	Home	make	=
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T	14. FA	THER'S NAME					15. MOTHER'S MAI			7	10.		
0		Ausust	7	WIDOLE	Hupfe	EC.	HE		WIDDIE		KOEHI	E	
1	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17. INFORMANTH	rusband)	879-2490ADDR	ESS	in Frakm	. Para	d
	()	NO OR UNKNOWN)	(IF YES, GIV	- WAR OR OATES)	212-40-	8393	ma Willia	m m.	GAIG B	El Air	marylan	(2101	14
		18 CAUSE OF DEATH PART I. DEATH W		ly one couse per D BY: E CAUSE (a)	line for (a), (b), o	ebro	e VAS	cul				MATE INTER	
				DUE TO, OI	AS ARONSEO	UENCE OF	10				il		
		Conditions, if ony,	which	((b)	CAR	1000	- 15/31	Leas	e		174	128	
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		underlying couse		(6)	J Wh		21210						
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	ATION	None											
5		190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATIO	WAS PERFORMED		20a AUTOPSY?		S, WERE FINDIN		
X	CERTIFIC								YES NO YES NO NO				
2	175	21a. ACCIDENT WAS UND	-	21b. TIME O		DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART 1 OR PART 2)		
7	MEDICAL	(IF EITHER NOTIFY MEDIC		111		19							
	EDI	21d. INJURY OCCURR	RED	21e. PLACE (211 LOCATION		CITY OR TO	Nath	COUNTY	c	1 ATE
	8	AT WORK AT WOR	ILE .	(AT HOME, STR	EET, FACTORY, OFFICE	FARM, ETC)	SINCE		CITORIC		000,117	31	TAIL .
		220.1 certify that (I)		ol) attended the	deceased from	Rem	2 6 10	18	10 Year	26	10 87	that (1) (w	we) last
		sow the decease	d olive on	Dest	16 19	100 13	d that in (my) (our)	opinion de	oth occurred on the d	ote and hou	/	, ,	
		obove (I) (we) (d	lid) (did no) view the body	ofter deoth.		DEGREE				22c DAJE	SIGNED	
		1/11	000	(4)	.00	1.5	ATTEN	DING _	MEDICAL STA	FF _	9/-	16/5	2.7
1		PHYSICIAN E							DIRECTOR PHYSIC		300	470	
		and the contract							-8774,457-		HOWE LOL	1/6/	
_	-		dley		s, M.D.				Maryland 2	1034			
	73a. B	SURIAL, CREMATION, SPECIFY)	REMOVAL	23b. DATE			EMETERY OR CREM		23d LOCATION		COUNTY	51	TATE
				JEPP .	7,70/	toly RE	LEEMET CE	3/176	Baltimore				
4	Z4 FL	INERAL DIRECTOR	m Fost	50 W	Broade			SED DATE	REC'D. BY REGISTRAR				
	-	merinen	Treas	Bel	tie, MA	ralay a	101/	SEP	30 1987	1	וע-רושטבורייון	8	1

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, Attention certificate has been unaid be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hypiene prior MPORTANT, If bein 21 is marked as hern 28 states any

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STATE OF MARYLAND

-	518	STATE REGISTRAR			DEPARIA		ICATE OF DEATH	IENEO /	REG. NO.	4 6	د (5 8
		CEASED NAME	FIRST		MIDDLE	l.	AST	2a DATE OF	DEATH MOR	NIH DA	Y YEAR	26 HOUR
	1117	OK PRINTI	Mildr	ed	Mae	[DeVeas	S	ept.	29	1987	, M
Н	3. SE	(4. RACE		5. DATE C		6 AGE IN YE	ARS LAST BIRTHDA		FUNDER 1 YEAR	IF UNDER 24 HRS
	Fe	emale		White	9	Oct		7	7	YRS	DATS	MIN.
)		RTHPLACE ISTATE O	r foreign	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMOR Har	ford C			MD
1	Bel	ty or town of di lair		Belai	r Convale	esariu	or other institution Im		CCUPATION FOR MOST OF WO maker			F BUSINESS OR
5	13a. S	AL RESIDENCE (# NU STATE Maryland	136 COUN		GIVE RESIDENCE BEFORE 136 CITY OR TOW Hampste	N .	13d INSIDE CITY LIMITS? YES NO 🔀	136 STREET A 18243	DDRESS / ZI Marsh	P CODE	1iil Rd	., 2107
1	M. FA	THER'S NAME		MIDDLE	LAST	own	15. MOTHER'S MAIDEN NA. Vernie	ME	MIDDLE		LAS	oole
1	140.30	Harry VAS DECEASED EVE		ester	166. SOCIAL SECU		17 INFORMANT		ADDRESS		-	OOIE
2		NO OR UNKNOWN)		E WAR OR DATES)	219-34-		Patricia D.	Culler				
ì		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	ly one couse per D BY: E CAUSE (o)	RESP	TRA	ATORY	FAI	LUR	EE	BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if on gove rise to in couse (a), state	y, which nmediate ting the	DUE TO, O	SEVE	NGE OF	= CO.	PO	1771			
		couse (a), stoting the underlying couse last. DUE TO, OR COACTION CONTROL OF C BRONCH 1775										
	NO	PART 2 OTHER SIC	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									Ğ.
1	CERTIFICATION	19a. DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	n was performed	20a AUTO			WERE FINDIN ING CAUSES	
1		21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEA	FINJURY M. MONTH DAY YEAR M. 19			RED (ENTERNAT	URE OF INJURY IN	ITEM IS PAR	T 1 OR PART 2}		
	MEDICAL	WHILE NOT	WHILE		OF INJURY REET FACTORY, OFFICE, F	211 LOCATION STREET		CITY OR TOWN			COUNTY STATE	
		27e I certify that (saw the decea	sed alive on	1 14	129 19	87,01	nd that in (my) (our) opinion	, to deoth occurred	on the dote	ond hour	-	that (1) (we) last couses stated
		276 SIGNATURE	1	Lu	8~		DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	v 🗆	2019	SIGNED

TO FUNERAL DIRECTI should be detoched fo with the Stote Dept. of IMPORTANT: If Item 2 Luis Rivera, M.D.

54 Scott Adam Rd., 21030

21 DATE 23c. NAME OF CEMETERY OR CREMATORY Reisterstown Balto. 10/3/87 Grace Meth. Ch.

DHMH - 16 60M 7/84

(VRA 15, 4)

owell Lemmon,

10 W. Padonia Rd.

						EPARTMENT					
2-1			DIVISION C	F VITAL RECORDS,				E, MARYLANI	D 21201		
67000 000	١.				CERTIFICA	TE OF DE	ATH		4 6	5	9
funeral of 2 SEL 52	1.00	CEASED-NAME type or print)	First	Anthony	Dorn	busch		SEPTEM	nth Day	4. 19.87	25. HOUR
fun Fer o	3. SE	X	4. RACE		5	. DATE OF BIRTH		6. AGE	(In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
the the ages		WAJE	W	r:tE		MOVE MP		0 2	pirthday) YRS.	MONTHS DAYS	MIM.
24 haurs and in by the person of the person	7a. E cour	BIRTHPLACE (State or foreign http:// BOLL more	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED		□ H	AT FORA C	- 1		Mo
vithin 2	10. 0	TAME HSUILLE	21084 Bin	NAME OF HOSPITAL OR IN ve street oddress)	STITUTION (If not	in haspital 1	Juring most of w	JPATION (Kind of vorking life, eve	f wark done in if retired.)	12b. KIND OF I INDUSTRY NONE	
couted within 24 haurs after completely filled in by the fur e carbon papers. Pages 1 event, within 72) ours after	130	USUAL RESIDENCE (Where dissian) STATE Marylan	rensed lived if insti	tution: Residence before	Jac CITY OR J	SUILE YES	NSIDE CITY LIMITS?	13e. STREET AND	-	Road of	1084
(90 pg 50) A	-	ATHER'S NAME First	Middle			MOTHER'S MAIDEN		ANN	Middle	NEVIII	Last E
ifficite ba		WAS DECEASED EVER IN U.S	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY		ORMAN CANA		15 1107 usch Jam	Address NE	, Med AID	84
ATTENDING PHYSICIAN: The law requires that the death certification by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physical by the attending physical by the attending physical by the attending physical be detached for use as the burial-transit permit. Their print the State Dept. of Health prior to burial, crematian, ar removal.		18. CAUSE OF DEATH (Ent- PART 1. DEATH WAS C IMI Canditions, if any, which g rise to immediate couse stating the underlying ca- lost.	AUSED BY: MEDIATE CAUSE (a) DUE TO, O (b) (c)	R AS A CONSEQUENCE OF	hun	nd Are	ry r	TRES	T.		AATE INTERVAL NSET AND DEATH
The law requires th attending physician has been signed by se as the burial-tra h prior to burial, cre	2	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRI	BUTING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL DISE	EASE OR CONDITIO	ON GIVEN IN PAR	RT 1(o)		
The law re attending has been by prior to l	CERTIFICATION	190. DATE OF OPERATION	196, CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY? YES	NO 🔀	20b. IF YES, WE CAUSES OF DEA		ONSIDERED IN CE	RTIFYING
CIAN: The sital ar attrificate had for use of Health to	MEDICAL CER		OF DEATH HOUR A.			V INJURY OCCURRE	ED (Enter nature	af injury in Por	rt 1 or Part 2,	Item 18.)	
iNG PHYSICIAL by the haspital ffer this certifica be detached for	ME	21d. INJURY OCCURRED While Nat while at work	21e. PLACE OF INJUR	Y (AT HOME FARM, STREET, TO OFFICE BUILDING, ETC.	(toky,) 211, LOC	ATION Street or I	R.F.D. No.	City or Tawn	n	County	State
OR OR See To we had well and w		22K SIGNATURE	d nixe\nn	d) (did not) view the	194 A and	ATTENDING PHYS.			221		(I) (we) last and from the
TO HOSPITAL Page 4 may to FUNERAL D director, page shauld be file			AN P. Edwa					, Fallston			(51-1-)
Page TO Full direct shau	5	SUTIAL FOSTER	PORTERAL HORE	7 BEI Air		GANDENS	5 30	LOCATION (City	reard Co.	(County)	(State) 21014
VR A15 (4) 25m-1/70	24.		, MD 21014	LIAMS ADDRES			REC'D BY REGI	1987 256	b. REGISTRAR'S	Con-Hande	JEC .
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DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29	67	FOR STATE REGISTRAR		DEPARTN	CERTIFICATE OF DEATH REG. NO. 2 6 5 6 0						
Ī		CEASED NAME FIRST I	ouise	Eller Eller	Ema	Fingland	CI	24 1	DAY YEAR	26 HOUR 3.36 P.M	
3	. SE)	(4 RACE		5. DATE	H BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS	
	F	'emale	White	2	Feb.	12, 1939	48	YRS.		MIN.	
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D X NEVER MARRIED DIO DIVORCED	9 BALTIMORE CITY O	RCOUNT	Y OF DEATH	MD.	
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPI IF HOT IN SUCH FACE HAT FOR				G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Sewing Mch	F WORKING L		F BUSINESS OR	
	13a. S	RESIDENCE (IF NURSING HOME OF THE TABLE THE TABLE) YEAR YEAR Harf	R OTHER INSTITUTION NTY Ord	Belcamp	ADMISSION)	136 INSIDE CITY LIMITS? YES NO 🔀	First Street	ZIP COD	21017		
1		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	Ţ	
1		rthur -		Eller		Ray	ADDRE		Ham		
		VAS DECEASED EVER IN U.S. AI res, no or unknown) (IF yes. G	RMED FORCES? VE WAR OR DATES)	217–36–41		17. INFORMANT Edwin L.Engla			21017 t, Belca	amp, Md/	
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)								MATE INTERVAL DISET AND DEATH	
	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	((c)	RASACONOPH	Ten bru	Um. Lhowy Utis has NOT RELATED TO THE TERM	nomi 2)	mile VEN IN PART III		
7	CERTIFICATION	19a DATE OF OPERATION	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? YES NO					
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	FINJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TB	PART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, F	ARM_ETC)	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
		22a. I certify that (I) (this hospital) attended the deceased fram									
		ANTONIA	JO H-	CALON			NION AVE.	HAI	VRE DE	GRACE	
	23a. B	SURIAL, CREMATION, REMOVA SPECIFY SPECIFY A T T T T T T T T T T T T				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE	
-			Sept.28	1987 Be.	1 Air	Memorial Gard	dens, Bel A		Harford	Md	
	za ri	JNERAL DIRECTOR Howard K. McCo	mas III,	Abingdo	n.Md.	21009 SEP 2	8 1987	SE KEGIS	ON TONAL	THE I	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physical should be detached for use as the burial-transit permit Then in the cerban paper with the State Dept. of Health and Mental Hygiene prior of guirol, cremation, ar removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospitol or

06557

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE _REGISTRAR	DE		HEALTH AND MENTAL HYC FICATE OF DEATH		3 O (
EP 15	r da	EASED NAME FIRST	MIDDLE		LAST	REG. NO.	DAY YEAR 26. HOUR
		OR PRINT)		-	****	Sant P 10) POT
		Kuth	E.	renge	~	Sept. 8, 19	18/ 4:80
3.	SEX		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS
L		Female	White	11	^H ^D ^Y ⁴ O	46 YR	S.
5 70	BIF	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
1		ew York	USA	WIDOW		Har ford	
/ 10	CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION	GLIFE) INDUSTRY
3	A	ire de GRACE	HAnfron	Memori	a Haspital	Clerk	Dept. Stor
U	JOUA	L RESIDENCE (IF NURSING HOME CO	PROTHER INSTITUTION GIVE RESIDENCE INTY	E BEFORE ADMISSION		1. STOREY ADDRESS / TID CO	205
			ford Abero		138 INSIDE CITY LIMITS?	133 Rigdon Ros	ad 21001
		THER'S NAME			15. MOTHER'S MAIDEN NA		
1		Steven		un	Nora	WIDDLE	Sutphin
16		AS DECEASED EVER IN U.S. A		L SECURITY NO.	17 INFORMANT	ADDRESS	- Очерний
	{Y	ES NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)		Warren W. Fe		as above
_		No	N/A 132-3	32-6489	warren w. re	erger Sallie	
- 1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for tol,	(b), and ich		1_	APPROXIMATE INTERV
		IMMEDIA	TE CAUSE (o)	Volio	ic anu	41	
-1		underlying couse lost	CONDITIONS CONTRIBUTION	IG TO DEATH BUIL	I NOT BELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1:0
	CERTIFICATION	CART 2 OTHER SIGNAL CART	CONDITIONS CONTRIBUTION	O TO DEATH BUT	THO TRECATED TO THE TERM	WINAL DISEASE OR CONDITION	GIVEN IN PART 110
0	S	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIC	N WAS PERFORMED		YES, WERE FINDINGS USED
\times			3.5			YES NO	YES NO
	E E	21a. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
1:	AL	OR CONTRIBUTING CAUSE OF DE	MIN	H DAY YEAR			
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	0.70	21f LOCATION		COUNTY
13	Ž	WHILE NOT WHILE D	(AT HOME, STREET FACTORY	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
		22a.1 certify that (1) (this hosp	tral) attended the deserred	trom \$12	11: 10 =1	0 01 0	19.87, that (1) (m
		sow the deceased alive a	917	-01	nd that in (my) (eur) apinion	death occurred on the date and I	
		obove, (I) (we) (did) (did n	ot) view the body ofter death.		DEGREE		
		220. SIGNATURE			ATTENDING .	MEDICAL STAFF	224 DATE SIGNED
		TH	mus		PHYSICIAN	DIRECTOR PHYSICIAN	19/8/8/
		22d PHYSICIAN'S NAME IN	OR PRINT)		22e ADDRESS		1
		IMV D	SOMERI	NULE	400 TEM	rs st HAVI	RE DE GAR
23		URIAL, CREMATION, REMOVA	L 23b DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	
	C	Burial	9/11/87	Harford	Mem. Gardens	Aberdeen	Harförd M
2	4 FU	NERAL DIRECTOR			25n DA	TE REC'D. BY REGISTRAR 256 REG	SISTRAR'S SIGNATURE
4 m	10.11	ring Funeral H	Iome PA Aberde	en. Md. 21	001-3399 SE	1 4 1987 Julia d	Tunder - Rondalls
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DHMH - 16 60M 7/84 (VRA 15, 4)

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	FOR			DEPAR		E GF MARYLAND IEALTH AND MEN	TAL HYGIEN	NE /	20	.3 0	
Η.	REGISTRAR				CERTIF	ICATE OF DEAT	TH	RI	G. NO.		12
	CEASED NAME	FIRST		MIDDLE	L	AST	20	DATE OF DEA		DAY YEAR	26 HOUR
01.	AT HER	BER	T A	LLEN	1	-15HER			9/1.	3/87	6-17 AM
3. SE	X		4. RACE		5. DATE C		6.	AGE (IN YEARS	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	MALE		BLI	9CK	12	. /	30		The YRS		
	IRTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER MARE	RIED -9	BALTIMORE C	ITY OR COUNT	Y OF DEATH	
-	aryland		U. S.	A.	WIDOWE	D DIVOR	CED 🗌		01 12	ZNTY.	MD.
10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURS		OR OTHER INSTITUT	TION 12	USUAL OCC	MOST OF WORKING	LIFE) INDUSTRY	ernment
1050	AL RESIDENCE (IF NUMS	ING HOME OF	OTHER INSTITUTION	TON GE	DERGEL DAISSION	HOSPI	746	E CHILLETT .	2000	0010	, 1 114 014
13a	STATE MA	13b. COUN	FORD	13c. CITY OR TO		13d. INSIDE CITY L			PESS / ZIP COL		21050
14 F	ATHER'S NAME			10,000		15 MOTHER'S MA	IDEN NAME				
H	enry		MIDDLE	Johnson	1	Ella FRST		MIC	DDLE	Co's	ile
	WAS DECEASED EVER			166 SOCIAL SEC		17. INFORMANT			ADDRESS		
	YES NO OR UNKNOWN)	Kor	Bat	216-28	8-843	Mary	M. F:	isher	same		
	18. CAUSE OF DEAT	H (Enter on	ly one couse per			٠ 9 -		D			XIMATE INTERVAL ONSET AND DEATH
	PARTI DEATH W		E CAUSE (o)	Sudden	dear	(Kesp.	Amest.	•	
	DUE TO, OR AS A CONSEQUENCE OF COPD Employema.										
	Conditions, if ony,		(b)_		Severe	COPD.	remp	MACINA	1 .		
	couse (o), statir underlying couse	ng the	DUE TO, O	R AS A CONSEQ	UENCE OF						
			(c)		DE . THE BUT	107 051 1750 70	THE TERMS	AL DISEASE OF	CONDITIONS	DISAL BURART 1	
z	PART 2 OTHER SIGN	NIFICANI	ONDITIONS C	DAIRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR	CONDITION G	IVEN IN PART I	10
CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORME	:D	20a AUTOPSY		ES, WERE FINDI	
FF								YES - NO		TIFYING CAUSES YES	S OF DEATH?
CER	21a. ACCIDENT WAS UN	DERLYING [- WEAR	21c. HOW INJURY	Y OCCURRED	ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING		NIP .	M. MONTH M.	DAY YEAR						
EDICAL	21d INJURY OCCUR		21e PLACE		E A DAA ETC 1	211 LOCATION		CIT	Y OR TOWN	COUNTY	STATE
Σ	AT WORK NOT WE	HILE .	(A) NOME 311	CET, FACTORY, OFFICE	PARM EIG		00			0.2	
	220.1 certify that (1)		C1 _	deceased from	22		983	, to9	-13	19 87	, that (I) (we) last
	sow the decease above, (I) (we) (ed olive on did) (did no	t) view the ody			nd that in (my) (our) opinion dec	oth occurred on	the date and ha		
П	22b. SIGNATURE	20	11			DEGREE	NDING -	MEDICAL	STAFF	22c DATE	E SIGNED
	17	200	V .	2	M.	PHYS		DIRECTOR _ F		7-1	2-81
	B. PAR	EKH	M·l).		1908. H	ARFOR	D RP,	FALLS To	N, MD.Z	1047
	BURIAL, CREMATION,	_	23h DATE 9/16	1	NAME OF C	iew Cem	etery	Coont	own Ha	arford	Md. STATE
24 F	UNERAL DIRECTOR		1 -1				25a. DATE R		STRAR 251 REGI		TURE
B	en jamin	W. K	urtz	Jarret	tsvil	le, Md.	SEP	1 5 198	7 Julia		Kudne

Devode a series of yard fort- and thereas is

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Benjamin v. surbs Jarrettsville, mis.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

1-	FOR STATE DEGISTRAR		DEPARTM		EALTH AND MENTAL PYO	REG. NO.	0 4
I. DEC	CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
{ TAPE	LOLA LOLA		L.	F	OARD	9 21	87 109 %
3. SEX	(4. RACE		S. DATE C			NDER 1 YEAR IF UNDER 24 HRS
1	Female	Wh	ite	May	18, 1896	91 YRS MONT	HS DAYS HOURS MIN
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
Ba	ito. Co. Md.	U.S.A		WIDOWE		HARFORD COO	WIY MD.
10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION		126. KIND OF BUSINESS OR
1	TA LLSTON	FALLS	STON GE	NEKAL	- HOSPITAL	Home maker	Home
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COURT Balt		13c. CITY OR TOWN		134. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 5607 Williams Rd	. 21082
14. BA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	
	7 1	nsor	Brown		Élizabe		night
	VAS DECEASED EVER IN U.S. AF	MED FORCES?	16b SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRESS 6008	Williams Rd.
(1	YES, NO OR UNKNOWN) [IF YES GIV	E WAR OR DATES	218-54-2	798	Mr. Robert F	Foard, Hydes, Md	. 21082
	18 CAUSE OF DEATH (Enter or	nly one couse per	line for(10), (b), and	Item,	0.0.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (0)	CATE	DIA	C HERE	7	
		DUE TO, O	R AS A CONSEQUE	NCE OF	A	-0.0 810	
	Conditions, if any, which	(d)	00/20	NA	KY MKT	JED DISEMIA	
	gave rise to immediate cause (a), stating the	DUE TO, O	R AS A AQNISEQUE	NEE OF	000	0.00.00	
	underlying couse lost.	((c)	1016	CVE	10 100	20515	
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	Cholea	EATH BUT	1	AM ROPUL RISE	etion
MEDICAL CERTIFICATION	Date of OPERATION	196 COND	ITION FOR WHICH (PERATIO	N WAS PERFORMED		ERE FINDINGS USED G CAUSES OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR		OR PART 2)
A.	OR CONTRIBUTING CAUSE OF DE	AIM	M. MONTH DA	Y YEAR			
EDIC	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY, OR TOWN	COUNTY STATE
£	WHILE NOT WHILE AT WORK	AT HOME ST	REET, FACTORY OFFICE, FA	RM, ETC)	C SINCE		C -
	22a.1 certify that (1) (this hasp	ital) attended th	e deceased from	91	, 19		, that (I) (we) last
	sow the deceased alive or above (1) (we) (did) (did no	at) view the body	ofter death.	god, or	nd that in (my) (our) opinion	death accurred on the date and have an	d from the couses stated
	22b. SIGNATURE	1	0 4	/	DEGREE		224. DATE SIGNED
	Dane.	non	neful	Sus	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/22/1
	23 PHYSICIAN'S NAME (TYPE OF	MON	AKILI	hD.	120 ADDRESS	Grow, Med 2	4078
23a. E	BURIAL, CREMATION, REMOVAL	23k DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	DUNTY STATE
	/Burials	9-24-	1987 F	ork U		em. Fork Bal	timore Md.
74. FI	INERAYDIRECTOR	/KING	SVLY	E		TE REC'D. BY REGISTRAR 256 REGISTRAR	S SIGNATURE
C	Kessaku T	# 1173	o Dela	W/	Cal DEP	2 8 1987 Janes Davido	
- 1							

DHMH - 16 60M 7/B4

(VRA 15, 4)

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		1,	FOR	NOWN #8	797	DE			ARYLAND HAND MENTAL H	HYĞIENE	26	5 6	1	
666	26 SEP	21.	STATE						CERTIFICATE		H REC	, NO		
000	2 0 311	1. DE	CEASED NAM	FIRST		A	VIDDIE		LAST	20	DATE KNOW!	HTMOM (DAY YEAR	26 HOUR
	28428H			Will	liam		HOWARD	Ga	rrettson		DEATH MATED		- 19 87	N A
	BEE 58	3. SE	X	4 RACE	5. DATE	OF BIRTH DAY	YEAR LAST BIRTH		HS DAYS HOURS		DATE	MONTH	DAY YEAR	7:45
	STORE STORE	100000	ALE	WHITE		BER 17,	1954 32		TIS DATS HOURS		DEAD	9-17	19 87	/ - 4J
	SE SER		OREIGN COUNTRY)	ATE OR	76 CITIZ		T COUNTRY?	8 MARR	IED NEVER MARR	RIED X	BALTIMORE CI	_		
	1	1000	MARYLAND ITY OR TOWN	OF DEATH	12.514.0	USA	AL, NURSING HOA		VED DIVORC	1	Harfor	d Count	Y 12b KIND OF BU	MD
9	A PAGE	D	ARLINGTON		Shore	eline l	TY, GIVE STREET ADDRESS. Deep Cree.	k & S	tafford Rd	FORMOS	TOF WORKING LIFE)	(TYPE OF WORK	OR INDUST	RY
2120	ANY DE AND 3 TO RETAIN HOUID B		MD MD	13b. CO			DARLINGTO		13d. INSIDE CITY LIMITS? YES NO X		ADDRESS STAFFORD	ROAD,	21034	
WD	E-≥a=\	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S MAID	EN NAME	MIDDLE		tast	
ORE.	A SE	4	JAMES		н.		GARRETTSON		DOROTHY		MAE		MULLINS	
IWC	AFTER DEA IVE PAGES H FORM F AGES 1 AN ISION OF		WAS DECEASED		ARMED FORCE		166 SOCIAL SECUR	ITY NO.	17. INFORMANT		ADD	RESS		
IV	S AFTER GIVE PA ITH FOR PAGES IVISION		NO				216 60 909	5	M/M JAMES H	. GARRET	TTSON, SR	. SAME A		
15	S S S S S S S S S S S S S S S S S S S		18 CAUSE O	F DEATH (Enter ATH WAS CAU	anly ane cau SED BY	se per line fa	r (a), (b), and (c).) Drowning						APPROXIMATE BETWEEN ONSE	INTERVAL
NO.	MEG BE	1	191) SMMED	IATE CAUSE	1 /-	A CONSEQUENCE	E OF						
153	经验	1		s, if any, whi	ch	, OR AC	ACONSEGUENCE	. 01					1000	
3	E N S			e to immedia stating the und		(b) JE TO, OR AS	A CONSEQUENCE	OF						
201	EXA P		lying cau	se last.		(e)							125	
RECORDS,	HOULD BE EXECUTED "FENDING" IN P. HIFF MEDICAL EXA. USED AS A BURIAL- "HEALTH AND MEN. HEALTH AND MEN. HEALTH AND MEN. HEALTH AND MEN.	Z	PART 2 OTHER SI	SNIFICANT CONDITIO	ONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (o)				
200	PENDI MEDI MEDI D AS A IEALTH	CERTIFICATION	19a. DATE OF	OPERATION	119	L CONDITIC	N FOR WHICH OPE	ERATION W	/AS PERFORMED?				20 AUTOPSY	>
TAL	DE HERE	FF											YES 🔀	NO
OF VIT.	THE WORD "F TO THE CHEF HOULD BE USED ARTMENT OF HI			L CAUSE WAS		b. TIME OF IN			OW INJURY OCCURRE	ED LENTER NATU	IRE OF INJURY IN ITE	M 18 PART 1 OR PAR		110
NO	G THE V G THE V TO THE HOULD ARTME		UNDERLYING	SKOR NG □ CAUSE C	OF DEATH	P.M.	9-9- 198		oject found	d in wa	ater.			
DIVISION	SEPAL SEPAL	MEDICAL	21d INTURY C	CCURRED	21	e PLACE OF	INJURY (AT HOME,	21L LC	CATION		200			
ā	ARBITA ARBITA	12	AT WORK	NOT WHILE	TX.		ater	Sho	reline-Deep	o Creek	& Sta	fford R	d.,Harf	ord, M
	INER: THIS CERTIF ICATE, WRITING 1 FORWARDED TO TOR: PAGE 3 SHO THE STATE DEPAR AND, 21201 PRIO				arge of the	mains descri	bed above, held an		sy X, Inspectio		Inquiry ,	and in my ap		
	ME HOLY	6	death results	1 11	itural causes	2) 4	1/10	ouicide	, Hamicide .		ned manner],		
	EXAMI GERTIFIE DIRECT WARTH	4		1 /14	11	VL	06		TITLE (SPECIFY)	701-4			0 10 0	
	A 본 보고	1	ACTUAL SIGNATURE	1	1	/)	110	N	Assistan	T_MEDICA	LEXAMINER	DATE	9-18-8	/
	EXECUTE THE CENTRICATE, DEACH THE STANDER: TO PLINE ALD DIRECTOR; PARTED BATTH, WITH THE STAND, STAN	1	EXAMINER'S (TYPE OR PRI	VT)Cha		P. Kok	es, M.D.		7.22.12.00			Balto.	,MD 2120	1
	FDSESS	23a. E	SPECIFY)				23c. NAME OF CI			23d. LOCA CITY OR TO	OWN	COUN		ATE
07/84 25M	BP	74 5	BURIA UNERAL DIREC		121SEPT	EMBER87	DARLINGT	ON CEME			INGTON, GISTRAR 1256. F			
	DHMH - 17 (VR A15 ME (5))	1 12	NAME		OME DA	ADDRESS	E CDACE 140	0107		3 1987	1 .	sidem Pa		
	(VK A13 ME (3))	[7]	TI CHILLE F	UNERAL HU	ME PA,	HAVKE U	E GRACE, MD	210/	DEF 4	0 1301	Milia Di	prouss. Ka	ACCUPATION OF THE PARTY OF THE	100



DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY) Burial

24. FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

Sept. 10, 1987

John Wesley Cemetery

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Julia Devidson- Randala

Abingdon

26 HOUR

17h KIND OF BUSINESS OR

Bd. of Education

IF UNDER I YEAR

INDUSTRY

Md. 21040

21009

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Parker

COUNTY

Harford

STATE

Md

7220

IE UNDER 24 HRS

162168 SEP 14.87 who was the thank District Thereware, sayed, Distriction and The The state of the s 28 # = 3/4 F 41/3

66241 SEP 18	92	FOR STATE REGISTRAR	DEPARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO		
noy be	T. DE	CEASED NAME FIRST	alexander &	rdm	S. DATE OF DEATH	13-87	26 HOUR
ge 4 mo. ector, po	3. SE	male !	RACE S. DATE OF CLOSE	DF BIRTH 3, 19 4	AGE LINYEARS LAST BUT	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
nerol dir.		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? & MARRIE WIDOWS		BALTIMORE CITY OF	COUNTY OF DEATH	MD.
by the fu	12	avude Grace	NAME OF HOSPITAL, NURSING HOME (IENOLIN SUCHFACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION OF WORK FOR MOST OF		OF BUSINESS OR
The albert		AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	elliens A	0 21075
MARYL Mp	175	THER'S NAME	a. Gordon	15 MOTHER'S MAIDEN NAM	E MIDDLE	Lock	It
MORE,		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166. SOCIAL SECURITY NO.	Hillyan 6	Glordon J	Jane de &	Lace Mo
	0	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE O		west		BETWEEN	MATE INTERVAL ONSET AND DEATH
RESTON ST e death cer e attending move carbo notion, or ret troumotigies		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF				
I W. PRESTC not the deot by the other size remove content other troum.		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	i and			
RDS, 301 equires the signed Then pled to burial injury, or	Z O	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN IN PART 10	0,
S w mit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
WISION OF VITAL R G PHYSICIAN: The la strending physicion. It the buriot-tronsi per and Memol Hygiene and Memol Hygiene ked or frem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
DIVISION DING PHYS or ottendin After this of e os the bur of th and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	n COUNTY	STATE
TTENDIII pritol or TTENDIII or Use for Use of Heold		220.1 certify that (1) (this hospital) saw the deceased alive on above, (1) (we) (did) (did nat) v	9/4 19.87	nd that in (my) (aur) apinion de	, ta 9/12 eath occurred an the da		that (I) (we) last causes stated
OR he ho	E	22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		SIGNED # lon
O HOSPITAL O HOSPITAL TO FUNERAL should be der with the Store		TOO SEE TO S	to a sharp M. D.	22e ADDRESS	81-47/-	14. m1	2104-
of of other with the other of the other ot	230 E	BURIAL, CREMATION, REMOVAL	236. DATE 230, NAME OF C	EMETERY OF CREMATORY	23d LOCATION CUTTOR TOWN	Laufo	1 781d.
DHMH-16 60M 1/73 (VR A 15 (4))	24 F)	WERALDIRECTOR BULL	act, Dores Le /4	310 78 SEP	1 8 1987	M REGISTRAR'S SIGNA	PRE JARRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

A 8	FOR STATE REGISTRAR				CERTIFI	CATE OF DI			G. NO 2	65	8 2
	CEASED NAME FOR PRINT! E X	NA 4	E.	NIDDLE	GRIF- S. DATE OF MONTH	5:46		Sept. AGE (IN YEARS LA	enber ast birthday)	DAY YEAR 24 1987 IF UNDER 1 YEAR MONTHS DAYS	
	Female RTHPLACE (STATEORE	OREIGN 76		e	6	5 NEVER M.	14	73 BALTIMORE CI	TY OR COUN		
10 CI Hom	laryland	Are	HOT IN SUCI	O PO NE STR	SING HOME OF	DIVID DIVI	ORCED	20 USUAL OCCU	OST OF WORKING		
130. S Ma	ryland	Harfo	Υ	Aberde	en	- 0.0	ИО 🗆	3e.STREET ADDR 139 Bal	ESS / ZIP CO timore	St. 21	001
	Henry		DDLE	Griff	ith	Cor		Eli:	zabeth		Clure
16a V	NAS DECEASED EVER YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	219-07	-1480-A	17 INFORMAN	ਆ let Grii		ame as	above	
	Conditions, if any, gove rise to imm couse (a), statin underlying couse	MMEDIATE which nediate ig the	CAUSE (6)	AS A CONSEC	THINCE OF CO	rural	effu	a of	left,	lug	?
CATION	Conditions, if any, gave rise to improve course to improve some course to the course t	which nediate g the last.	DUE TO, OF	AS A CONSECUTING T	STRACE OF	trac	I my	A DISEASE OR-	20b. IF	YES, WERE FIND	INGS USED
IL CERTIFICATION	Conditions, if any, gove rise to imm couse (a), storin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 71a. ACCIDENT WAS UNE OR CONTRIBUTING	which nediote g the lost. WIFICANT CC	DUE TO, OF	AS A CONSECUTION FOR WHI	O DEATH BUT N CH OPERATION	Trac WAS PERFOR	RMED P	teclior	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES	10
MEDICAL CERTIFICATION	Conditions, if any, gove rise to imm couse (o), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL 21a. ACCIDENT WAS UNE	which nediote g the lost. NIFICANT CC INTERPRETATION DERLYING DESCRIPTION AUGUST OF DEATH CALE EXAMINER)	DUE TO OF IED ON	AS A CONSECUTION FOR WHILE	OUENCE OF O DEATH BUT N CH OPERATION DAY YEAR 19	Trac WAS PERFOR	RMED JURY OCCURRE	PECLIAY 200 AUTOPSY? YES NO D (ENTER NATURE O	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES	INGS USED S OF DEATH?
	PART I. DEATH W Conditions, if any, gove rise to imm couse 101, stolin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAL 21a. ACCIDENT WAS UNE OR CONTRIBUTING 21d INJURY OCCURE WHILE AT WORK AT WORK 22a. Certify that (1) saw the decesse above, (1) (we) (1)	which neediate go the last. WIFICANT CO. W	DUE TO OF THE TOTAL THE TO	TION FOR WHILE FINJURY M. MONTH A. OF INJURY C. decesed from	O DEATH BUT N CH OPERATION TOAY YEAR 19 TO AND THE STATE OF THE STAT	Traces WAS PERFOR 21c. HOW INJ 21f. LOCATION SIREET 4 that in (my) (company)	THE PRINCE OF TH	PECLIAY 200 AUTOPSY? YES NO D (ENTER NATURE O	20b. IF IN CER	YES, WERE FIND TIFYING CAUSE YES 10 PART 1 OR PART 21 COUNTY	INGS USED S OF DEATH? NO
	PART I. DEATH W Conditions, if ony, gove rise to imm couse lol, stotin underlying couse PART 2 OTHER SIGN 21a. ACCIDENT WAS UNE OR CONTRIBUTING IF EITHER NOTIFY MEDIC 21d. IN JURY OCCURE WHIE AL WOLL 22a. I certify that (I) saw the decase obove, (I) (we) (c) 22b. SIGNA PURE	which neediate go the last. WIFICANT CO. W	DUE TO OF INDITIONS CO. 19b CONDITIONS CO. 19b CONDITIONS CO. 21b TIME OI HOUR A./ 19c PLACE (AI MOME, STRI	TION FOR WHI FINJURY M. MONTH A. DE INJURY de diceosed from and de diceosed from and and and and and and and an	ODEATH BUT NO CH OPERATION TO DAY YEAR 19 TO DAY YEAR 19 TO DAY ON CH OPERATION TO DAY ON CH OPE	The HOW INJ. The HOW INJ. The LOCATION STREET At that in (my) (compared to the compared to	JURY OCCURRE	20a AUTOPSY? YES NO D (ENTER NATURE O	OR TOWN	YES, WERE FIND TIFYING CAUSE YES 10 PART 1 OR PART 21 COUNTY	INGS USED S OF DEATH?
MEDICAL	PART I. DEATH W Conditions, if any, gove rise to imm couse 101, stolin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAL 21a. ACCIDENT WAS UNE OR CONTRIBUTING 21d INJURY OCCURE WHILE AT WORK AT WORK 22a. Certify that (1) saw the decesse above, (1) (we) (1)	which nediote g the lost. NIFICANT CO TION PERLYING (TO AUSE OF DEATH-CALEXAMINER) RED (this hospito did) (did not) WHE (TYPE OR TIVE OR T	DUE TO OF INDITIONS CO. 19b CONDITIONS CO. 19b CONDITIONS CO. 21b TIME OI HOUR A./ 19c PLACE (AI MOME, STRI	TION FOR WHILE TO THE TO TH	ODEATH BUT NO CH OPERATION TO DAY YEAR 19 TO DAY YEAR 19 TO DAY ON CH OPERATION TO DAY ON CH OPE	TYPE TO WAS PERFORE ZIE HOW INJECT TO STREET AND RESS	JURY OCCURRE	ZOO AUTOPSY? YES NO D (ENTERNATURE O CITY To the occurred on the occurred of the occurred occurred of the occurred o	OR TOWN STAFF HYSICIAN	YES, WERE FIND TIFYING CAUSE YES TO THE PART 1 OF PART 21 COUNTY 19 19	INGS USED S OF DEATH? NO

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

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TO VETUE TO LINE

STATE OF MARYLAND DEPARTMENT OF HEALTH A

WIDOWED

CERTIFIC ATE

NT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. 1	40.				
t.	AST	20 DATE OF DEATH	HINOM	DAY	YEAR	2b HO	UR
	HAASE	SEPT. 15	198	37		6	P. M
DATEC	OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY}	-	ERTYEAR		R 24 HRS
DEC	. 22 1923	63	YRS	MONTHS	DAYS	HOURS	MIN
1440015	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF D	EATH		
MAKKIEI		HARE	FORD	COU	NTY		MD
	OR OTHER INSTITUTION	120 USUAL OCCUPA			KINDO	F BUSIN	
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DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

FIRST

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136 COUNTY

HARFORD

MIDDLE

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IMMEDIATE CAUSE 10

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MIDDLE

WHITE

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

JOSEPHINE

NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OLD SOUND ROAD

16h SOCIAL SECURITY NO.

212-20-9843

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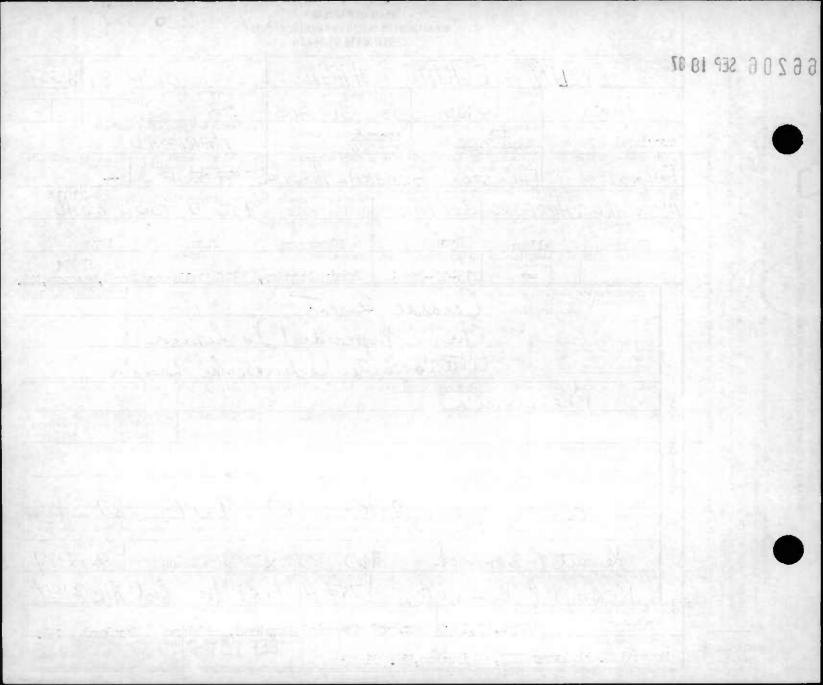
gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS P 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HO HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from ur) opinion death occurred on the date and hour and from the couses stated and that obove (1) (war did (did per view the body ofter deat) 226. SIGNATURE DEOREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS CHARLES PADGETT GOOD SAMARITAN PROFESSION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION CITY OR TOWN COUNTY 9/16/87 BALTIMORE CREMATION SECURITY PROCESS 24 FUNERAL SCHOMUNEK FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 3331 Brehms Lane, Balto Md. 21213

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DIVISION	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	D
	F	4
PITAL OR ATTENDING PHYSICIAN: The lay by the hospital or attending physician.	17AL OR ATTENDING PHYSICIAN: The law requires that the death certifice by executed within 24 hours after death. Page 4 may be by the haspital or attending physician.	U O
ERAL DIRECTOR: After this cele detoched for use as the burid	ERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 eletoched for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after deapter	poge 3

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYDIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRSTEVELYN 20. DATE OF DEATH 18 MONTH 2h HOUR LYPE OR PRINT 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 1905 Temale hite YRS To. BIRTHPLACE I STATE OF FOREIGN WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MENER MARRIED Maryland WIDOWED . DIVORCED MD. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Homemaker STOR LSTON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21014 130 STATE 13 STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? NO X FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Ryan John Allan Florence nmn Mays 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 21204 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Robin Murphy, 1526 Dellsway Road, Towson, Md no 215-28-2896 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o pitc DUE TO, OR AS A CONSEQUENCE OF roma Conditions, if ony, which gove rise to immediate other couse (o), stoting the DUE TO. C underlying couse 5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Hem/18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e. PLACE OF INJURY ö 211 LOCATION LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE morked NOT WHILE AT WORK AT WORK 220.1 certify that (I (this hospital) ottended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) yiew the body after death, 226 SIGNATURE DEGREE 22c DATE SIGNED STAFF

ATTENDING X MEDICAL Morro PHYSICIAN should be det with the Store DIRECTOR PHYSICIAN 22e ADDRESS BONOV 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION Burial COUNTY Sept. 17, 1987 Harford Memorial Gardens Aldina Harford Md 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE Howard K. McComas III, Abingdon, Md. 21009 un Devideon. Randall (VRA 15, 4)

DHMH - 16 60M 7/84



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OR DEPARTMENT OF

ConnellyFuneralHome 300MaceAve.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYDIENE
CERTIFICATE OF DEATH

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH LAST 2b. HOUR IF UNDER 1 YEAR 4. RACE DATE OF BIRTH MONTH YEAR 22 BALTIMORE CITY OR COUNTY OF DEATH Maryland 76. CITIZEN OF WHAT COUNTRY? MARRIED *WEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TY OR TOWN OF DEATH 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) INDUSTRY Retired 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE **FATHER'S NAME** 15. MOTHER'S MAIDEN NAM MIDDLE FIRST MIDDLE Neal Annie Crocher George ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATES) no John Hartley 945 Seneca Park Rd. 21220 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for iot, tot, and ict PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h, IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES | NOT 71m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an ____, and that in (my) (aur) opinion death accurred an the date and hour and from the couses stated 22c. DATE SIGNED DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 9/24 /87 Burial Oak Lawn CEmetery Baltimore Maryland 24 FUNERAL DIRECTOR TRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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	730	BURIAL, CREMATION, REMOVAL	23b. DATE 9-25-			EMETERY OF CREMATORY	Westview	Baltimor	e Md ^f .are				
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(VRA 15, 4)	E	.F.Lässahn,11750	Belair	Rd.Kin	gsville,	Md.21087 3C	P28 1987	The state of the s					



SEP 2.8 1987

STATE OF MARYLAND 065987 DEPARTMENT OF HEALTH AND MENT APHYGIENE 20 DATE KNOWN X L DECEASED NAME 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Jeanette 24 HOUR 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE LAST BIRTHDAY) PRONOUNCED ECTO 9-13-8719 7:30E 66 . BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ach. Harford County 12b KIND OF BUSINESS II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) 2700 Pulaski Howy. Edgewood HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 135 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4. FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Strangulation and blunt force injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In USED AS A I 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND NONTH BAY YEAR UNDERLYING OR subject strangled and beaten CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED Chase Manor Motel CONTROL Edgewood, Maryland STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK motel-Rm.12 AGE 4 SHOULD BE FORM D FUNERAL DIRECTOR: P FTER DEATH, WITH THE ST AUTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Inspection and in my apinion Hamicide X Undetermined manner death resulted fram: Natural causes **Accident** TITLE (SPECIFY) 9-14-87 ACTUAL Assistant SIGNATURE 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME TYPE OR PRINT APTOR REMOVAL 23d. TOCATION STATE OFMAN DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR ATS ME (S))

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	S NECESSARY, PLEASE F FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS NW PRESTON STREET.	* a	James	Harry	Knopp	Sr.	OF ESTI-	9/27 19 87	2:45
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BALTIMORE, MD. 21201	IRS AFTER DE GIVE PAGE WITH FORM PONISSION OF	(YES, NO. C	OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)					
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	WANTE TO THE TOTAL	deat	th resulted from Natur	al causes , Accident ,	Suicide , Ham	icide . Unde	termined manner .		
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	CITY OR TOWN	OF DEATH	11. NAME OF HOSE			THER INSTITUT	TION	120 USUAL C	CCUPATION (126 KIND OF BU	JSINESS
	Havre de	Grace	(IF NOT IN SUCH FACE			ospital			working Life)		OR INDUST	
USI	UAL RESIDENCE	IF IN NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BEFO	RE ADMISSION)						DUCCE C	OHSC.
1540	arvland	Harfor		Jopp		13d. INSIDE CI	NO 🔽	13e. STREET A	DDRESS Philade	Inhia	Dood 2	1005
	FATHER'S NAME	narior	.u	1 Johb	a		ER'S MAIDE		PILLIAGE	трица	ROdu Z	1085
5) /	FIRST		WIDDLE	LAST		F	IRST	A TANKE	Ellen		Lewis	
160	Benjam	EVER IN U.S. ARM	larrison	Lamo	on Sr.	Ma 17 INFORM	MAINT					
	(YES, NO. OR UNKNO	WN) (IF YES, GIVE W	VAR OR DATES)					-	1707	ppa, M	d. 2108	5
1	no 18. CAUSE OF			213-62		Cyntn	па ь.	Lamoo	n, 1/0/	Phila	delphia	ROdu
W.	PART I DE	ATH WAS CAUSED	y ane cause per line BY:	-							BETWEEN ONSE	
(Ö ≥	91	MEDIATI	E CAUSE (a)	Drown AS A CONSEC	-							
- TRANSIT PRENTAL HYGIN	Condition	if any, which	DOE TO, OR	AS A CONSEC	DENCE OF						THE RESERVE	
MENTAL N, OR R		e to immediate stating the under-	(b)	15 1 5011050								
ż	lying caus		DUE TO, OR	AS A CONSEQ	UENCE OF						Money	
H THE STATE DEPARTMENT OF HEALTH AND MENI VAND, 21201 PRICK TO BURIAL, CREMATION, OF	BART 2 ATHER CIT	CHICLCHIT COMBITTONIC	(c)									
Z Z		PHILICANI CONDITIONS C	ONTRIRUTING TO OEATH R	UI NOT RELATED T	O THE TERMINAL OIS	EASE OR CONDITION	N GIVEN IN PAI	RT 1 ral				
CERTIFICATION	19a, DATE OF	OPERATION	Link CONIDIZ	ONEORWAN	CH ODED A TION	WAS PERFOR	11502				I and the second	
IAL I	190. DATE OF	OFERATION	198 CONDII	ION FOR WHI	CH OPERATION	WAS PERFOR	MED?				20 AUTOPSY	,
	21a EVTERNIA	L CAUSE WAS	216 71845 05	INTILLIA	2)	HOW INJURY	0				YES 🔀	NO 🗌
22 3		★ OR	HOUR XXX	INJURY MONTH DA	Y YEAR							
MEDICAL	CONTRIBUTION 21d INJURY O	IG CAUSE OF D		9 29	19 87	Subject	fell	from	scaffol	ding i	nto wat	
N. S. S.		NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)		STREET	7		OR TOWN	COU		MDE
4	AT WORK	AT WORK	bridge	e/river	H	atem Me	emoria	l Brid	ge,Havr	e de G	race, Ha	rford
النو	22a. I certif	y that I taak charge	af the remains desc	ribed abave, h	eld an Au	lapsy X	Inspection	ı 🔲 , Ini	quiry .	and in my ap	inian	
8 4	death resulte	d from Moture	ol courses	Aacident X	Sycide		ide .	Undetermin	ed manner].		
332		1000	11.8 1-1	HoVI.	A	M TITLE (SI	PECIFY)					
	SIGNATURE_	1000	UNO	The	- 16-	MD ASS	sistan	T MEDICAL	EXAMINER	DATE	9/30/	87
FTER DEATH WITH THE STA	EVALULIED'S	MAAAS			1							
	EXAMINER'S I	Mari Mari	o F. Goll	le, Jr,	M.D.	ADDRESS	111	Penn S	t	Balto	.MD.	
₹ ₹ 730.	BURIAL, CREMAT	ION, REMOVAL 23	b. DATE	23c. NAM	E OF CEMETER	Y OR CREMATO	ORY	23d. LOCATI	ION	COUN	ITY &	TATE
	Burial			7 Mt	Zion C	emetery		Bel 2		Harfor	-	
	FUNERAL DIRECT	TOR				7	250. DATE R		ISTRAR 256 RE	GISTRAR'S S	GNATURE	
)) Ho	oward K.	McComas	III, Abir	ngdon, M	d. 2100	9	OCT	01 198	31 Julia	Developes	V. Konguery	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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1	1 - 6 87	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HTG	IENE REG. N	40.		1	
•	1. DEC	CÉASED NAME FIRST		WIOOFE		AST Constant	20. DATE OF DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OAY YEAR	2b HOU	R
	3. SEX	Ernest	L.		S. DATE C	Craven Sr.	Septemb			IF UNDER	M
	J. 5EA	Male	White			th 6°1924 YEAR	63	YRS.	MONTHS DAYS	HOURS	MIN
1	70 BIF	RTHPLACE (STATE OR FOREIGN Shington DC	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNTY			145
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSING CHEACILITY, GIVE STREET,	G HOME C	OR OTHER INSTITUTION	Harford 120 USUAL OCCUPAT (TYPE DE WORK FOR MOST Signet B	ION	12h KIND C	F BUSINE	MD.
	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136. COUN Har	other institution	GIVE RESIDENCE BEFORE 131. CITY OR TOW Abingdo	ADMISSION) N	13d INSIDE CITY LIMITS?			Drive	2100	9
)	14. FA	THER'S NAME Lester	McC	raven		15. MOTHER'S MAIDEN NAME Emma	ME		LAS	п	
		VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		13	
- 4		ves	TYP OR DATES)	251-16-7	7213	Theona McCra	ven 3118 W	oodspr	ing Dr	210	
od pod del		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per	line for (a), (b), and	d Ici.1	1 11	11)		BETWEEN	MATE INTER	DEATH.
		IMMEDIA	E CAUSE (o)	ung Con	ncu	- 1 4 2 1	C0/1/			10 m	ntor
		Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost.	DUE TO, O	r as a conseque							
	NO	PART 2. OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIV	EN IN PART 10	0	
7	MEDICAL CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES		H?
	CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME O		YEAR	21c. HOW INJURY OCCURR		JRY IN ITEM 18 P	ART 1 OR PART 2)		
	ICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.		19						
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	51	TATE
		220.1 certify that (17)(this hospi		- 1		10/31, 1985	, to	112	1987	thot() (w	ve) lost
		sow the deceosed alive on above (1) (we) (did) (did no) view the body	ofter death.	/	nd that'in (my) (our) opinion o	death accurred on the a	ate and hou		_	ited
		22b. SIGNATURE	7.	7 M	,	DEGREE ATTENDING PHYSICIAN F	MEDICAL STA		22c. DATE	SIGNED	2
		220 PHYSICIAN'S NAME WYNE C	PPR (1)	-4	^	220. ADDRESS 660 L	leu ilwar	the Dr.	1	11/2	
		Carl S. F.	iedu	ran N	1.0.	Tow.	son Md.	2120	4		
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	3 51	TATE
	24 FU	Burial UNERAL DIRECTOR	1 9/17/	87 Pa	arkwoo	od Cemetery	E REC'D. BY REGISTRAF	-	moreMan	y Lan	d
		onnelly Funera	**	AODRESS		SEF	1 5 1987	Julia	DINEGAV.	Kongan	-
-		y runera	Home -	MaceA	10. 2	1221					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatie

should be detected to us with the Store Dept of Heal IMPORTANT I mem 21 m

TO HOSPITAL

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		*							REG. N	0.			
ľ		EASED NAME	FIRST	MIDD	LE	LA.	.51		20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	
1	(TABE C	OR PRINT)	Har	- \ Wal	ter	M	eek	ins si		09	04 1987	9:20	DM
t	3. SEX			RACE		5. DATE OF	FBIRTH	-	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24	
١	1	male	1	White		MONTH	DAY DO	YEAR	د لـ) YRS	MONTHS DAYS	HOURS	MIN.
4	7n BIR	THPLACE (STATE O	R FOREIGN 7h	CITIZEN OF WH		8		17	9 BALTIMORE CITY		Y OF DEATH		
5		orth Ea						MARRIED -	W. 0	For	0		
+		IY OR TOWN OF D		NAME OF HOS	A.	WIDOWE		NORCED	120 USUAL OCCUPAT			F BUSINESS	MD.
1	IV CII	IT OK TOWN OF D	CAIR		CILITY, GIVE STREET		11	IIIOIIOI	(TYPE OF WORK FOR MOST	OF WORKING L	FE) INDUSTRY		
-		vaede G			ens Nu	raino	7	me	Carpente	er	Ind	1.	-
	13a ST	L RESIDENCE (IF NO TATE Md.	13h COUNTY Cec	130	city or tow orth	N I	13d INSIDE (NO [130 STREET ADDRESS 203 N. I			2190	1
1	FAT	THER'S NAME FIRST AT	ry Alb	ert Mee	kins		15. MOTHER	S MAIDEN NAM			LAS		
Ť		AS DECEASED EVE			SOCIAL SECU	RITYNO	17 INFORM	ANT	290 R	SSN.	Howard	St.	
1	/ {YE	ES. NO PE UNKNOWN)	(IF YES, GIVE W	(AR OR DATES)	16-05-	7737	Lucy	M. Me	ekins No				190
1	_						200		OHIZID NO.	- 011 1		MAIL PRINTS	
4		PART I. DEATH	WAS CAUSED	ane couse per line BY:	/ · ·	ANL	11.	do	· au	-5	MI WEEN	ONSET AND DE	A111
1	-		IMMEDIATE	CAUSE (a)	Niper	a ruca	The same		1			-	_
1				DUE TO ONA	SA CONSEQUE	NCE OF		10	+ 1	0			
١		Conditions, if as		(b) C	orges	nu	2	Lean	1 /		2		
1		couse las, sta	ting the	DUE TOLOR A	ACONSEQUE	MCE OF	1 -	0	0				
1		underlying cau	se lost	100	end	7	er	ace					
ı		PAPEZ OTHER SI	GNIFICANT CO	NDITIONS CONT	RIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR COM	DITION GI	VEN IN PART I	0	
1	CERTIFICATION	erter	Isal	eoli	Ce	nd	E was	sul	- ale		ese		
7	A I	19a DATE OF OPER	RATION	196. CONDITIC	N FOR WHICH	OPERATION	WAS PERF	DRMED	200 AUTOPSY?		S, WERE FINDI		?
1	E			1					YES NO X		ES	NO [
Ħ	E	210. ACCIDENT WAS	INDERLYING	216. TIME OF IN			21c. HOW f	VJURY OCCURRI	ED (ENTER NATURE OF INS	JRY IN ITEM 18	PART I OR PART 2)		
1		OR CONTRIBUTING	-		MONTH DA	AY YEAR							
1	MEDICAL	21d INJURY OCCU		P.M. 21e PLACE OF	INJURY	17	21f LOCAT	ION					
1	ME		WHILE		FACTORY, OFFICE F	ARM ETC)	STREE	T .	CITY OR TO	OWN	COUNTY	STA	TE
1		A. HORK		1				11	9-	1	- Pay		
1		220.1 certify that				2016	1 dha a lin fan	19.00				that (I) (we	
1		abave, (1) (y/e	(did) (did hat)	view the body aft	er death.	/		(our) opinian a	eath occurred an the o	iale and no		_	70
1		17 SIGNATURE	X/	X			DEGREE	ATTENIONIC	MEDICAL STA	cc	THEBATE	SIGNED /	-
J		1/01	1/ Jus	12/2	_			PHYSICIAN	MEDICAL STA	CIAN	1/	5/0	2
		22d PHYSICIANIS	NAME (TYPE OR P	R(NT)			22e ADDRE	SS	11				,
1	-	4 LAM	A EDWI	2 N.D	3/	5 5.	las	ion on	e. HAVA	EDE	anse	Z M	1
1	23o. B			23b. DATE		NAME OF CI	EMETERY OR	CREMATORY	23d LOCATION			21 =7	0
	(5	URIAL CREMATIO	tion	8-5-8			erris		West Ch	neste	r Ches	ter	Pa.
	74 FU	INERAN DHESTOR	111	Groud	h Fine	eral	Home		REC'D. BY REGISTRAL				
	- 5	THE X	1/1/2 5	4	North	₽	-101110		P 8 1987	1.	Timbon:	A .	
	- 0	COTTACT O	· Land		011	12 C +	L M	- 1	- F A 190/		STATE OF STA	randall	

4	10	11-	FOR STATE			H AND MENTAL	4	1 7
067	741 SF	1	REGISTRAR LEVED NAME FIRST	MEDICAL	EXAMINER'S	CERTIFICATE (REG. 190.	ONTH DAY YEAR 25 HOU
	対象を設定	1	Alice	Loretta	a Mode	11	OF ESTI-	15 22, 19 87
	PEG PEG PEG PEG PEG PEG PEG PEG PEG PEG	B. SE		5. DATE OF BIRTH		INDER 1 YR. IF UNDER THIS DAYS HOURS	R 24 HRS. 2c. DATE MIN PRONOUNCED	ONTH DAY YEAR 2d HOU
-	SAN CONTRACTOR	7a. E	FEMALE White SIRTHPLACE (STATE OR YORK OREIGN COUNTRY) NEW YORK	9 22 12	746 YRS. INTRY? 8 MAR	RIED 🖾 NEVER MARI	9 BALTIMORE CITY OR C	
	ANT NOT	10.0	NY ITY OR TOWN OF DEATH	USA			Harford Harford	MI
	E PAGE	7	Fallston /	11. NAME OF HOSPITAL, NO (15 NOT IN SUCH FACILITY, GIVE FALLS TON GE	street address)	HER INSTITUTION	12a USUAL OCCUPATION (TYPE OF) FOR MOST OF WORKING LIFE)	WORK 126 KIND OF BUSINESS OR INDUSTRY
21201	ANN D AND 3 RETAIN FOULD	fla.		NTY 13c. CIT	ce BEFORE ADMISSION) TY OR TOWN Cayune 3946	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 7007 Sunrise Dr	99999
RE. MD	CAN	4	ATHER'S NAME Edward		attery	15. MOTHER'S MAID Ida	MARGORET	LAST
ALTIMO		16a.	WAS DECEASED EVER IN U.S. AF YES, NO, OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)	5-98-3185	Mr. John M	64-1) - 601-798-0083 70	07 Sund'SE Drive LAYUNE, Mississippi 39466
ON ST., B	FEM TE ONG WITH BERNIT		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA	ED BY: NTE CAUSE (0)	(orrece	my He	ort hiseaso	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTO	UTED WITHIN 2 EXAMINER ALL EXAMINER ALL IAL - TRANSIT O MENTAL HYG ON, OR REMOV		Conditions, if ony, which gove rise to immediate couse (a) stating the under lying couse last.	e) (b)		ASOU	0	
CORDS.	MOING WOING EDICAL S A BUR LTH AN	NO.	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RE	LATEO TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN P	ART 1 (a)	
ITAL RE	HE WE	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES NO
DIVISION OF V	RTIFICATE SHOULD VG THE WORD THE CHIEF SHOULD BE USED PARTMENT OF HE RICH TO BURNENT OF HE		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTI DEATH P.M.	H DAY YEAR	HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM 18 PART	
DIVISIO	WRITING I WRITING I ARDED TO AGE 3 SHO ATE DEPAR	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUR STREET, FACTORY, FARM,		OCATION STREET	CITY OR TOWN	COUNTY STATE
•	A MEDICAL EXAMINER: TI KECUTE THE CERTIFICATE, AGE 4 SHOULD BE FORW AGE 4 SHOULD BE FORW A FIRE DEATH, WITH THE SIT FIER DEATH, WITH THE SIT ATTIMORE, MARYLAND, 2			Got the remains described of instruments & Accident	Suicide [Undetermined manner ,	DATE 9/22/87
	TO MEDIC EXECUTE TO PAGE 4 SH TO FUNER AFTER DEA BALTIMOR	1	EXAMINER'S NAME Luis				Alliance St. Havro	
99	Bb7758	C		SEH. 23,1987 G	NAME OF CEMETERY	Crematory	23d LOCATION CHYORTOWN BALTIMOTE, MANYLO	
14	OHAVII (VR A15 ME (5))	24.1	Completed on Foster	50 W. Brandson Bd Air Man	,	SEP		AR'S SIGNATURE

MPOSTANT, If hem 21 is morked or

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. D	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
F		CHARL	narles MDC	Howe.	11 '	Moltrup,	Sr 20. D	ATE OF DEATH	MONTH 8	DAY YEAR	26 HOUR PZSPM	
-1	3. 5E)	×	4. RACE		5. DATE C		6. AG	E (IN YEARS LAS	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
		Male-	Wh	rite	July	23, 1921	R	66	YRS.	MONTHS DAYS	HOURS MIN,	
		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WH	76. CITIZEN OF WHAT COUNTRY?		8 MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH				
	N	ew York	USA		WIDOWED DIVORCED		O H	Harford County "				
)	001	SY VE delyac	ROTHER INSTITUTION	(TYPE	ISUAL OCCUP OF WORK FOR MO ilitary	ST OF WORKING	IZE KIND OF INDUSTRY Army	Ret -				
5	13a. S	AL RESIDENCE (IF NURSING HOME OF LIST OF LIST COL	OR OTHER INSTITUTION, GIV			13d. INSIDECITY LIMI	TS? 13e S	reet addres 3 Kenna	SS / ZIP COD	E		
3	14. FA	THER'S NAME FIRST	MIDDLE	Moltn	110	15. MOTHER'S MAIDE		MIDDL		LAST		
7		VAS DECEASED EVER IN U.S. A		SOCIAL SECUR		17 INFORMANT		A. AD	PAGGGT.10	Bark		
1	()	Yes WII-Korea 185-18-3791 Charles H.Moltrup, II, 213 Kennard Avenu									<i>r</i> enue	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	inly ane cause per lin ED BY- ATE CAUSE (a)	far (a), (b), and	New 1	arrest				BETWEEN C	MATE INTERVAL DISET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF										
	NOI	PART 2 OTHER SIGNIFICANT	iver co	nacati	EATH BUT	NOT RELATED TO THE		DISEASE OR C	DIPLIONGI	VEN IN PART 110		
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERT	S, WERE FINDIN IFYING CAUSES ES	IGS USED OF DEATH? NO	
7	17 SCC111	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M.	MONTH DA	Y YEAR	21c HOW INJURY OF	CCURRED (ENTER NATURE OF	NJURY IN ITEM 18	PART OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY O	RTOWN	COUNTY	STATE	
1		22a.1 certify that (1) (this haspital) attended the deceased from august 1, 19 81, that (1) (we) last saw the deceased alive and work with 20, 19 67, and that if (my) (aur) opinion death accurred while date and haur and from the causes stated above, (1) (we) (did / (did not) view the bady after death.										
,		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF										
		SYLVIA R. MEDLEY Butinone, Md 21211										
	23a B	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF C	EMETERY OR CREMAT	ORY 23	LOCATION	v	COUNTY	STATE	
		Burial	Sept.11,	1987 Cro	wnsv;	ille Md.Vet				A.A.	Md.	
	24. FUNERAL DIRECTOR 25. DATE REC'D. BY REGISTRAR' 250. REGISTRAR'S SIGNATURE NAME APPRESS APPRESS											
	Ho	Howard K. McComas III, Abingdon, Md. 21009 SEP 1 0 1987 Julia Deriver Routes										

0 6 5 4 0 4 5 5 P 14 8 P INCLES TOURSELL POLICIES SERVICES

e

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REGISTRAR CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH DECEASED NAME Muir Jean Elizabeth CTYPE OR PRINTING (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH MONTH YEAR Nov.21,1915 Female White BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED Harford County USA DIVORCED | WIDOWED Pennsylvania I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bel Air Convalescent Center Bel Air Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 130. STATE 3 North Kelly Avenue Maryland Harford Bel Air 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDGLE LAST Twi lah Elizabeth Frank Lane Knarr ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) John E.Muir, 3 N. Kelly Ave, Bel Air, Md. 21014 b2n-5n-1089 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? NOF 21a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this hospital) attended the deceased from_ and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF 22e ADDRESS d b 0 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, REMOVAL

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

Burial 24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md. 21009

Air Memorial Gardens, Bel Air

IF LINDER LYEAR

INDUSTRY

Hile

COUNTY

22c DATE SIGNED

STATE

IF LINDER 24 HOS

12b. KIND OF BUSINESS OR

21014

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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11.4	REGISTRAR			CEKTIF	ICAIE OF DEATH	REG. N	0.		
	CEASED NAME	FIRS1	MIDDLE	l	AST	20. DATE OF DEATH	MONTH [DAY YEAR	2h HOUR
1	OUNTRINEI	onald	EUGENE	may	phy		9-1	4-87	3 p
3. SE	х	4. RACE		5. DATE C	BIRTH	6. AGE JIN YEARS LAST BI	_	IF UNDER 1 YEAR	IF UNDER 24 HRS
	WHE	Mh.	tE.	2 Luch	1974 30, 1920	67	YRS.	AONTHS DAYS	HOURS MIN.
Je? B	RTHPLACE (STATE OR FOR	REIGN 76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
	Maryland	u.s	A	WIDOWE		Harford	Count	4	M
	EL AT	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET	ADDRESS)	PROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MARKETING			F BUSINESS OF
130.		Shome or other institution Sb. COUNTY Harfard Co.	130. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO 🙀	13e STREET ADDRESS	ZIP CODE	ok Ro	0/0/ ad
14. F/	THER'S NAME	Raymond	Murph	3	15. MOTHER'S MAIDEN NAM	E/2 MIDDLE		DUITE	ESS
	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU 220-05-		Mrs. Marie A.	Murphy -	BEI Air	" Woodedge	mx 21014
	18 CAUSE OF DEATH	Enter only one couse pe	r line for (a), (b), on	d (c).)	- 00	0		BETWEEN	MATE INTERVAL
CERTIFICATION	PART 2 OTHER SIGNIF	_			NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES	EN IN PART THE	NGS USED
E						YES NOT		S	NO [
MEDICAL CEI	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 216. INJURY OCCURRED WHILE NOT WHILE	JSE OF DEATH HOUR A EXAMINER) P 21e. PLACE	OF INJURY .M. MONTH DM. OF INJURY REET, FACTORY, OFFICE, F	19	211. LOCATION STREET	CITY OR IC		COUNTY	STATE
	AT WORK AT WORK	his hospital) attended th	ha danned from		2/27 10 54	9,	14	10 P7	1
	sow the deceased above, (I)(we) did	olive on Oldid nat) view the bad	1 44		nd that ir (my (our) opinion o	death occurred on the d	ote and hour		
	Dais	m If	ha	m.		MEDICAL STA	FF CIAN [22c. DATE	4/87
	220 PHYSICIAN'S NAM	M Hal	in		5601 Loc	L Raver	Blu	l 2	1239
23a. I	BURIAL, CREMATION, RE				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	SPECIFY)	Sept. 8		,	WEWALLY CALGERS	Fallston HA			
24 E	UNERAL DIRECTOR	n Foster 50	W. Brandwa	JKW	Miams St. 250 DATE	0 8 1987	75b. REGISTI	BAR'S SIGNAT	URE
19	puliroller -t	retu B	El Airy Man	c punil	UOIX SEP	0 0 1001 8	100		

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event, the medical examiner

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT 5 8 3

	KEGISTKAK		CERTIFI	ichic oi benii		REG. NO.	1 0	
I. DEC	ORPRINT) EIPZO	ABETH BEAT		18 EPE		SEATH MONTH DA	YEAR	26. HOUR M
3 SEX	(4. RACE	5. DATE C				FUNDER I YEAR	IF UNDER 24 HRS
	Emale	MHIFE		1 2,1923	64	YRS.	ONTHS DAYS	HOURS MIN.
7n. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	NEVER MARRIE	9 BALTIMOR	E CITY OR COUNTY O	OF DEATH	
1	myland	u.s.A.	WIDOWE	D DIVORCE	D Horel	Ford County	3,	MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		R OTHER INSTITUTIO		CCUPATION OR MOST OF WORKING LIFE)		F BUSINESS OR
	El Air	605 Min	slow Dr	IVE	Assem		ShoE	MG.
130. S	3		RIOWN	13d INSIDE CITY LIM YES 🔀 NO [DORESS / ZIP CODE	of Da	1014 ACE
14. FA	THER'S NAME FIRST	MIDDLE	Nock	15. MOTHER'S MAID		WINDLE	20NE	ES
16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO.		(Sband) 838-747	ADDRESS		
()	ES, NO OR UNKNOWN] IF YES, GI	NE WAR OR DATES) 219-	18-1733		HIEDEL ST.	F7 1 57 (- 401)	Aryland	21014
	18. CAUSE OF DEATH (Enter of	nly one couse per line for (o).	(b), and (c),)					MATE INTERVAL DISET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY:	Alopu	immar	cy AV	CREST	23.111(1)11	ANGEL AND DEATH
	IMMEDIA	TE CAUSE (o)			9			
		DUE TO, OR AS A CON	SEQUENCE OF A	20	CARC	1 Non4		
	Conditions, if any, which	(b) / 177V	UMUER	7,10	41120	1 10 0104.7	-	
	couse (o), stoting the	DUE TO, OR AS A CON	SEQUENCE OF					
	underlying couse lost	(c)						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEASE	OR CONDITION GIVE	N IN PART 110)
ō								
CAT	190 DATE OF OPERATION	1% CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOR	SY? 20b. IF YES,	WERE FINDIN	
CERTIFICATION		-			YES	NO X YES	ING CAUSES	OF DEATH?
EX	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	CS Dayle Letter	21c. HOW INJURY O		JRE OF INJURY IN ITEM 18 PAR		
	OR CONTRIBUTING CAUSE OF DE	The second of th						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	R) P.M. 21s. PLACE OF INJURY	19	211 LOCATION				
ME		I AT HOME STREET FACTORS	OFFICE, FARM, ETC.)	STORET		CITY OR TOWN	COUNTY	STATE
	AT WORK NOT WHILE	1	P	1/2/	00	c/l	DA	
	228.1 certify that (1) (this hosp	ital) attended the decembed	from 0	19_	1 /	3/3/. 19	2 1	that (1) swe) lost
	above (II) we wild i did or	ot New the body after death	19 6 1 06	d that if (my) (our) o	pinion death occurred	an the date and hour	and from the	couses stated
. 4	22k SIGNATURE	· · · ·		DEGREE BITT	3393		22c. DATE	SIGNED
. 3	Gul	wa-	/ 1	ATTEND	MEDICAL DIRECTOR	STAFF	31 Ac.	7891 tru
	224 PHYSICIAN'S NOOME (TYPE	OR PRIOR!	× '	THE HODRESS	IAN DINECTOR	1711131CIAIT		
144	JOAN T	P. Edwards,	M.D.	ZIIZ BEI	Air Road, Fr	silston, mar	gland 21	047
23o B	URIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF C	EMETERY OR CREMA	TORY 23d LOCAT	ION	4	
7	SUT A	Sept. 3, 1987		Emorial Gar	CUYO	r, Harford Co.	Mare la	and STATE
3	NERAL DIRECTOR TOSTE	BELAir, MA	DREAD 310	W.	JEF U 3 198	GISTRAR 25b. REGISTR	Was and	,
_	Justivilli tosta	secular IND	edimost -10	T				•

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If them 21 is morked or Item 18 shows ony

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FOR

DECEASED NAME

FIRST

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JOHN

- STATE 27 REGISTRAR

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

PETROVIC

CERTIFICATE OF DEATH

iene 2 6 5	8	
REG. NO. ₹		8-71
20. DATE OF DEATH MONTH DAY		2b. HOUR
September 17, 198	7	3:16 PM
	UNDER I YEAR	IF UNDER 24 HRS
67 YRS	DATS	MIN.
9 BALTIMORE CITY OR COUNTY O	FDEATH	
Harford County		MD.
120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Designer	126, KIND OI INDUSTRY Shoe	BUSINESS OR
3906 E.Baker Aven	ue 2	21009
AE		
WIDDLE	lalka lasi	
ADDRESS Md. 2 Ovic, 3906 E.Baker		hingdon
VIC, 3900 E.Bakel	1 APPROXIA	AATE INTERVAL
	BETWEEN C	INSET AND DEATH
ynction		
Nor diséase	٠	
NAL DISEASE OR CONDITION GIVEN	IN PART Ho	
Las ANTORSYS Last must be	IFPE CALLS	
200 AUTOPSY? 206. IF YES, V IN CERTIFYIN		OF DEATH?
YES YES ED (ENTER NATURE OF INJURY IN ITEM TB. PART	1.00.0401.21	NO 🗆
FEW CEINIER MATURE OF INJURY IN TEM IB PARK	I OR THREE?	

4. RACE 3. SEX 5. DATE OF BIRTH Male White July 24, 1920 70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York USA WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Harford Memorial Hospital Havre de Grace Harford Abingdon 13d. INSIDE CITY LIMITS? Maryland NOX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAM MIDDLE FIRST John Petrovic Agnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-14-3941 Lillian Petro Yes WWIT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 21c. HOW INJURY OCCURR HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21d. INJURY OCCURRED 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on above. (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO PHYSICIAN TO 1 W. Ring Factory Road, Bel Air, Md. 21014 G. L. Louie, M.D.

DHMH - 16 60M 7/84

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TO FUNERAL DII shauld be detach with the State De

MPORTANT

Howard K. McComas III, Abingdon, Md. 21009 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Cremation

Sept. 20, 1987 R.A. Ferris Crematory

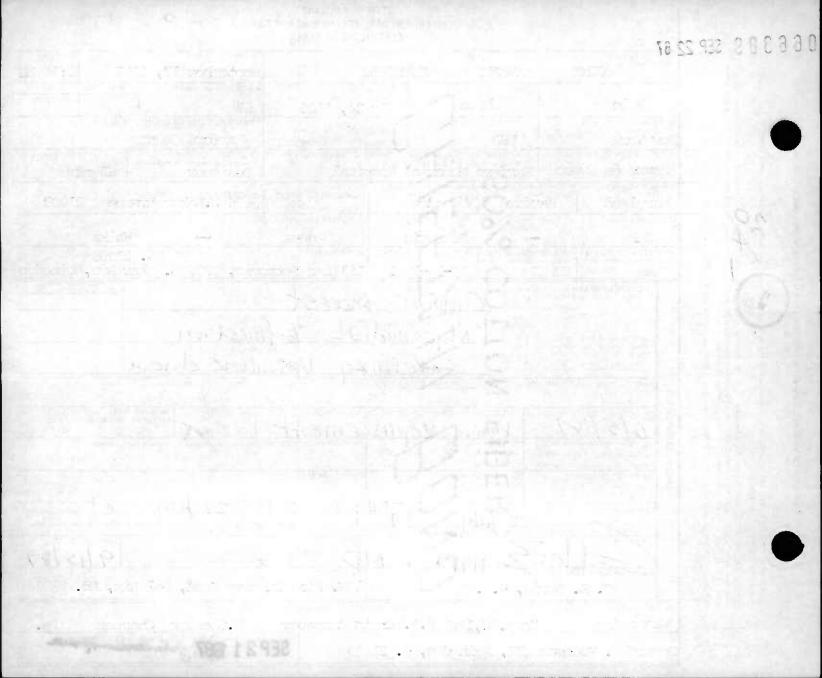
73c. NAME OF CEMETERY OR CREMATORY

23d LOCATION W.Chester

CITY OF TOWN

Chester Pa.

SEP 2 1 1987. Super Segistrar's Signature.



STATE OF MARYLAND 066985 SEP 29 87 TE SISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN L DECEASED NAME 26 HOUR (TYPE OR PRINT) ESTI-Charles DEATH MATED 9 - 1919 87 Powers 3 SEX 4. RACI DATE OF BIRTH 6 AGE (IN YEARS IF UNDER) YR. 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 9:35P male 1931 19 87 55 DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Harford County DIVORCED OR INDUSTRY Harford Memorial Hospital Havre de Grace Ainter W. Nottingham la FATHER'S NAME 15 MOTHER'S MAIDEN NAME 00 17. INFORMANT 168. WAS DECEASED EVER IN U.S. ARMED FORCES? ADRESHOPKINS Mill New Providence, PA 166. SOCIAL SECURITY NO (JF YES, GIVE WAR OR DATES) TOWERS 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. A FIFEN DEATH WITH-THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. BALTIMORE, MARYLAND, 21,201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21(. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING Driver in auto/auto collision CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION Ceciri County, MD US STEET and 276 CITY OF TOWN WHILE AT WORK Autopsy X 22a I certify that I took charge of the remains described above, held on Inspection Accident X death resulted fram: Natural couses Homicide _______ Undetermined manner "L'Assistant 9-20-87 SIGNATURE 111 Penn Street, Balto., MD 21201 Mario F. Golle, Jr., M.D (TYPE OR PRINT) (VR A15 ME (5))

065790

24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md. 21009

	FOR STATE			DEPAR	TMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG	2 6	5 8	
	CEASED NAME E OR PRINT)	John		CALVER		Pugh.	9-11-E	37	DAY YEAR	1135 A
3 SE	Male	4. RA	Can	casian	S. DATE (6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
NOI	IRTHPLACE (STATEOR COUNTRY) rth Carolin	na	ITIZEN OF	SA	? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT	AR FO	rd.	MD.
	Fallsto	7.	IF NOT IN SUC	HEAGILITY, GIVE STREET	4 OHLI	al Hespital	120 USUAL OCCUP LTYPE OF WORK FOR MO Carper	ST OF WORKING L	IFE) INDUSTRY	ruction
73a. :	al residencé (if nurs STATE Maryland	Harford		Bel Air		13d. INSIDE CITY LIMITS? YES NO X			e Road	21014
14. FA	Ambrose	F.		Pugh		is mother's maiden na Cordeli	a MIDDLI		Roupe	
	WAS DECEASED EVER	IN U.S. ARMED (IF YES, GIVE WAR		218-07-		Informant Lenora T.Cul	lum, 1110	S.Toll	21014 gate Roa	ad, BelAir
2	Conditions, if any, gave rise to improve to improve to improve to improve to the total part of the course of the course of the course of the course to the c	, which mediate in the lost.	USE (a) DUE TO, OI (b) DUE TO, OI	R AS A PONSEON R AS A PONSEON	UENCE OF	PLANTEY PLANTE S NOT REVAILED TO THE FERM	HELLAT HOCK	Mal DIDITION GI	Dence	MATE INTERVAL INSET AND DEATH
CERTIFICATION	19a DATE OF OPERA	TISOTI DI	196 CONDI	THON FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTI	S, WERE FINDIN IFYING CAUSES ES []	
MEDICAL CER	21a. ACCIDENT WAS UNK OR CONTRIBUTING [] (IF ETHER NOTIFY MEDI 21d. INJURY OCCUR! WAT WORK NOTIFY THE AT WORK AT WORK 22a.1 certify that (I) sow the decess above, (I) [] 22b. STON (III) 22d. FITTS [] 22d. FITTS []	CAUSE OF DEATH CALEXAMINER) RED (this haspital) of ed alive on did) (did not) view	P.J. PLACE (AT HOME STR Ittended the wither body	M. MONTH I M. OF INJURY REEL FACTORY, OFFICE e deceased from	19 FARM ETC)	211 LOCATION 211 LOCATION STREET	CITY OF Least of the control of the control of the control on the	NJURY IN ITEM 18.	COUNTY . 19	
23a E	BURIAL, CREMATION, (SPECIFY) Burial		DATE			EMETERY OR CREMATORY Memorial Gard	23d LOCATION CITY OR TOWN	Air	Harford	STATE

SEP 1 5 1987, Suite Level Control of the Control of

DHMH - 16 60M 7/84 (VRA 15, 4)

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O I SEI	9	FOR TTATE REGISTRAR	DEPART	MENT OF HEA	F MARYLAND LTH AND MENTAL HYS ATE OF DEATH	REG. NO.	0 3 0 /	
m c		PECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MON	NTH DAY YEAR 26 HOL	JR
deoth deoth		ELIZA	BETH M. QUIR	K		09.	.03.1987 7:4	5
E	3. 9	EX	4. RACE	S. DATE OF E	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DATS HOURS	21 HR
director nours of		FEMALE	WHITE	AUGUST		74	YRS	
	70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED [NEVER MARRIED X	9 BALTIMORE CITY OR C	COUNTY OF DEATH	
funeral thin 72 h		NEW YORK	USA	WIDOWED [DIVORCED	HARFORD CO		٨
ē 0 3 2 /	5 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE		OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		ESS C
by thed		AVRE DE GRACE	CITIZENS NURS		E .	(RET) ASSEMBLY	LINE BATA SHOE C	0.
2 22 6	130	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSIONI	d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZII	P CODE	
1052	2	MD HA	RFORD HAVRE de	GRACE Y	ES 🛛 NO 🗌	100 REVOLUTION	N STREET 210	78
0/11	126	FATHER'S NAME FIRST	MIDDLE LAST	15	MOTHER'S MAIDEN NAM	ME	LAST	
1200	(4)	MICHAEL	H. QUI	RK	ELLEN	Τ.	SULLIVAN	
1 amil	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	URITY NO. 17	INFORMANT	ADDRESS		- 1
	/ _	NO	216 05 39	12 K	ATHRYN MIKE, 14	403 SUPERIOR ST.	, HAVRE de GRACE,	MD
that the death certific d by the ottending phy lease remove corbangorial, cremation, or remove or other troumatic even		Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO OF AS A CONSEQUENCE ON THE TOTAL ON T	ENGE OF	larte.	valin	when	
been signer mit. Then pl prior to burn ony injury, o	ATION		CONDITIONS CONTRIBUTING TO		0		ION GIVEN IN PART 1 0	D
he le	CERTIFICAT					YES NOK	YES NO [
SiCIAN: ng phys certifico uriol-tror tentol Hy ltem 18	MEDICAL CE	OR CONTRIBUTING CAUSE OF DI	FATH HOUR A.M. MONTH D	AY YEAR		RED (ENTER NATURE OF INJURY IN	item 18 Part (Or Part ?)	
or ottending After this se os the bus of the ond M morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27d 1 certify that (1) (this base	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE,	FARM, ETC.)	A LOCATION STREET	city on own	COUNTY S	STATE
ATTEN ospitol ECTOR id for us it, of He m 21 is		sow the deceosed plive o obove, (I) [we] (did) (did n	//7	3, and t		death occurred on the date of	and hour and from the causes sta	oted
TAL OR AT y the hosp RAL DIRECT detoched fore Dept. VIT: If them?		22b. SIGNATURE	DUM.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED 3SEPTEMBER8	
HOSPITAL med by th FUNERAL uld be det of the Store ORTANT:	/	JOHN YIN.		2	Tame	de gra	el mel	

231 NAME OF CEMETERY OR CREMATORY

MT. ERIN CEMETERY

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP_

24 FUNERAL DIRECTOR
NAME
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

5SEPTEMBER87

236 DATE

230. BURIAL, CREMATION, REMOVAL

BURIAL

HAVRE de GRACE, HARFORD CO., 250 DATE REC'D BY REGISTRAR 756 REGISTRAR'S SIGNATURE Adia Devider Randall

COUNTY

STATE

MD

23d. LOCATION

A TOLOGOUS STICK OUT TO THE STICK OF ST

Control to the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 26 HOUR IF UNDER 1 YEAR DATS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR I TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 21903 13e.STREET ADDRESS / ZIP CODE Lot 1. Woodside LAST Woodside Trl Dorothy Nickols Perryville. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 221 DATE SIGNED 9-21-87 S. Union Ave, Havre de Grace. MD Conowingo Cecil Foard Funeral ADDRESS Rising Sun Home Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

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DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	REGISTRAR	2-			CERTIF	ICATE OF DEATH	REG. N	0.		
I. DEC	PRINT)	_	EDECCA)	1 - 1 -	0	AST	20. DATE OF DEATH	SENT. 1	S FAB 7	2h HOUR
-4		BA		1307		KURD	1-12-0	/		0
3. SE)			4. RACE		5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	HOURS N
	FEWDIE		Mhite	E		16, 1897	90	YRS	02.3	NOOK3 W
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	EATH	
	naryland		U.S.	A	WIDOWE		HARFE	OZD		
	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSI		OR OTHER INSTITUTION	120. USUAL OCCUPAT			BUSINESS
FAL	LISTON		FALLST		NER	HL HOSPITAL	Housewife		DUSTRY	naker
13a. S	AL RESIDENCE (# NURS	13b. COU	OTHER INSTITUTION	13c. CITY OR TOV	ŇΝ	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS		2	109
-	THER'S NAME	1041.4	orec wi	Co Jemos		15 MOTHER'S MAIDEN NA		N ICOHO		,
	SAMUEL	RE	MIDDLE	Harryson		ANNA	MAY	E	110011	
	VAS DECEASED EVER			16b. SOCIAL SEC	URITY NO.	17 INFORMAT Daughter)	-813-942-26/28	55 3099 U	5#19-1	et 193
(1	HES, NO OR UNKNOWN)	(IF YES, GR	/E WAR OR OATES)	230-26-	2487	mrs. Borothy R. M	H Jugar	oliday, Fl	mida 3	4691
	LA CALICE OF BEAT	N.C.	1		-1		20	T		NATE INTERVAL
	18. CAUSE OF DEAT PART I. DEATH W	AS CAUSE	D BY:	ardien	- //	my arrest	at SAm &	EDT 9	IC D	7
		IMMEDIA	TE CAUSE (o)_5	urarep	ay mu n	ng colass	TO ASS	1	1310	
			DUE TO, O	R ASA CONSEQU	JENCE OF	70 11	0.0	2		3-41
	Conditions, if ony,	which	(6)	Cord sta	ee C	meestine Hear	st tailure	, Puce west	eor	5-41
	gove rise to imr	nediote) 10,_	- 1	1	Status An S	ich C. C	indraw 1	Ches	0/11/
	couse (a), statin		DUE TO, O	PAS A CONSEQU		4 //	-0.000	0	1400	5/50
	- Coose		(c)/	Premanea	, LLL	Welectorio, le	I livy mu	am regel	1-9	
_ 1	PART 2. OTHER SIGN	VIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE LET	MINI DESCRIPTION	DAN GIVEN IN	PART 110	
ON	Re	mal-	Tailue	Dieta	lia For	ricita, Dear	Let Cade	oxis Sen	Tieso,	44.4
A	190 DATE OF OPERA	TION /	196. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
IFIC		(,					YES NO NO	IN CERTIFYING	CAUSES	OF DEATH?
CERTI	21a, ACCIDENT WAS UNI	DERLYING F	7 216. TIME C	AE INTITIPY		21c HOW INJURY OCCUR			20.0401.25	140
	OR CONTRIBUTING	_	110110 1	M. MONTH D	AY YEAR	THE TOWN IN JOINT OCCUR	LENIER NATURE OF INSU	MI IN IIEM IS PART I	APARIZ]	
CA	(IF EITHER, NOTIFY MEDI			.M.	19					
NEDICAL	21d INJURY OCCUR	RED		OF INJURY REET, FACTORY OFFICE	SABAL FOC	21L LOCATION STREET	CITY OF TO	WN C	OUNTY	STATE
Σ	WHILE NOT WE AT WO	HE	(AT HOME, ST	REET, FACTORY OFFICE	FARM, EIC)	SINCE	0			
	22s.1 certify that (I)		tal) attered th	a deceased from	an	9 /8, 10 87	· sent	19 100	75	and the lunch
			16		000	nd that in (my) (our) opinion	death accurred on the d	ata and hour and	from the c	To the same
	sow the deceos obove (I) we) (did) (nid no	view the body	ofter death.			deom occorred on me d			
	226. SIGNATURE	ack of	.c.	frem un		ATTENDING PHYSICIAN IN	MEDICAL STA		9/1	SIGNED S
	22d. PHYSICIAN'S N.	AME (TYPE	OR PRINT)			22e ADDRESS	^		1/	-
	Alber	tS.	C. Sux	J, M.D.	4	180010	rford Rd.	Fallston	MD	2109
23e. B	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION	20.	INITY	STATE
	BuriAl		SEPT 18	m 1891,	ountain	Christian Chuck Com,	Joppa, HA	Cort Co. M	Laglang	SIAII
-		· -	,	Brondwa				251 REGISTRAR		JRE
20	INERAL DIRECTOR		E1	ADDRESS		3/1	18 1987	Julia Den	din P	-dees
-	mere Touble	troller	PE	Air MAR	your a	1014	2 - 1001			



Market and Art 1984 to 1984 to

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	181	FOR TATE EGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 3	7 6	
1		CEASED NAME FIRST	AA	IDDLE	L	AST		AONTH DAT	Y YEAR	26. HOUR W
	(1404)	DR PRINT) Walt	ex .	Lce	Reen	rls		9 15	- 87	11 Am
-	1. 5EX	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS
1		Male	White	2	6	10 VEAR 10	81	YRS	NIHS DAYS	HOURS MIN.
5	7a. BII	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	VHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OR	COUNTYO	FDEATH	
		orth Carolina	USA		WIDOWE		Hartord			MD.
		TY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET	ACICRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE)	INDUSTRY	BUSINESSOR
		AL RESIDENCE () NURSING HOME OF	Karlord	Memori		osportal	Self employ	/ed	Coal I	Business
)	13a. S	aryland Harf	VTY	Darlingt	N	13d. INSIDE CITY LIMITS?	3304 Jourda	zip code an Ave.	. 2103	34
21	14. FA	THER'S NAME		1.44		15 MOTHER'S MAIDEN NAM				
		Everett	Vance	Reev	es	Margaret	Louell:		LAST	
	16a W	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECL		17 INFORMANT	ADDRES		<u>UI</u>	ouse
	{ Y	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	218-07-13		Catherine I.	Reeves San	ne as a		
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		PD/	dicis 17	angest	-		BETWEEN O	MATE INTERVAL MSET AND DEATH
		IMMEDIA	re CAUSE (a)	1 10 11		001-20-7	~/			
		Conditions if the state	DUE TO, OR	SA SONSEQUI	NCE OF	10 Fres	Luni			
		Conditions, if any, which gave rise to immediate	(b)	-	600	rac jori	mer.			
		cause (a), stating the underlying cause last.	DUE TO, OR	S A CONSEQUI	NCE OF	ralmetre	Hon.			
	NO	PART 2 OFFER SIGNIFICANT	CONDITIONS CO	Phase To	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 110	
5	ATI	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
	CERTIFICATION						YES NOW	IN CERTIFYII	NG CAUSES (OF DEATH?
3	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM TB PART	I OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA	110	A. MONTH D.	19	17.00				
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		21f LOCATION				
	W	NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TOW	/N	COUNTY	STATE
1		22a.1 certify that (1) (this haspi	(1)1	deceased fram_	4	19_87		, 19	8/.1	hat (1) (we) last
ш		the deceased alive an above, (I) (we) (did) (did no	t) view the body o	ofter death.	/_ , al	d that in (my) (aur) apinian o	death accurred anothe da	te and haur a		
		BIGNATURE	hm	hot	m-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		9/15	147
7		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	. (7)		22e ADDRESS				
		DANCE	"nil	NONA	KIL	Horrea	umsel,	Mel	91	0)8
	23a. B	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	74 FI	Burial UNERAL DIRECTOR	9/18/	8/ IDa	rling	ton Cemetery	[Darlingtor REC'D. BY REGISTRAR]		rford	Md.
		NAME	. DA 4	ADORESS	M1 01			REGISTRA	II A MIDIC C AN	JRE
	Tai	rring Funeral H	ome, PA, A	beraeen,	MG.21	001-33AA 12-5	1 8 1087 4	1 000 1	- 0	

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

Ca	9	2	-		
REG. N	10.				
ATE OF DEATH	MONTH	DAY	YEAR	2b	HQUR

		CEASED NAME FIRST	M	IDDIE	£AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR-			
ny be age 3 death	[1466	DONAL DONAL	1) 10	seph REW	rer	9-	1-8730 PM			
a do	3. SE		4. RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
ge 4	1	Male	White	1	2-24-1953 YEAR	33 yrs	MONTHS DAYS HOURS MIN.			
Par Hour		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF W	VHAT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
1 1227		Md.	Uas.A		OWED DIVORCED	HARFORD	COWTY MD			
1	19 CI	TY OR TOWN OF DEATH		OSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND OF BUSINESS OR INDUSTRY			
7 11 00	1	ALLSTOD	FALLS	10D GEN	HOSP	Project Analyst B.G.&E.				
hou d be	130 S	AL RESIDENCE (IF NURSING HON TATE 136 C	LE OR OTHER INSTITUTION, COUNTY	GIVE RESIDENCE BEFORE ADMISS	I 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD				
2 1 10		224.6	larford	Abington	YES 🔼 NO 🗌	217 Laurentum				
d 2 s	MED	THER'S NAME	WIDGIE	LAST	15. MOTHER'S MAIDEN NA		IAST			
omp om o	1	William	F.	Reuter	Dolores	L.]	[zdebski			
e execu			ARMED FORCES?	166 SOCIAL SECURITY N	O. 17. INFORMANT	ADDRESS				
S. Page		No		216-52-2529	Jonnie L. Re	euter, Same as 1°	3e			
ysici operior		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per l	ine far (a), (b), and (c).)	Care Inc.	11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ng ph banp remo			DIATE CAUSE (0)	MISSING IN	THA (FAF KAS)	HEM ORRANGE	24 hrs.			
ndin carb carb		Balana Intel	DUE TO, OR	AS A CONSEQUENCE C)F					
dea otta		Canditions, if any, which gave rise to immediate								
t the		cause (a), stating the	DUE TO, OR	AS A CONSEQUENCE)F					
tha deas ileas ar at			(c)							
signe sen p a bur jury,	Z	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NINAL DISEASE OF CONDITION GI	VEN IN PART 110			
w rec	ATIC	190 DATE OF OPERATION	19b CONDIT	ION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? 206 IF YE	ES, WERE FINDINGS USED			
n. n. hos b	CERTIFICATION	8/31/87	_	ATTON OF 1	VC	IN CERT	IFYING CAUSES OF DEATH?			
ore ore tygie	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB	PART (OR PART 2)			
CIAN physical physical physica	_	OR CONTRIBUTING CAUSE OF	DEATH	MONTH DAY YE	AR					
HYSI ding burn Mer	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	F INJURY	211 LOCATION					
or offer the after the as the alth and morked	W	WHILE NOT WHILE	(AT HOME, STRE	ET, FACTORY, OFFICE FARM, ETC	STREET	CITY OF TOWN	COUNTY STATE			
Africa Af		220.1 certify that (I) (this h	ospital) attended the	decegsed from	us 21 19 87	to lest 1	19 877 that (I) (we) last			
Pital Pital TOR for u of Hi		saw the deceased alive abave, (f) (we) (did) (die	on sent	1 19 87	and that in (my) (our) apinion	death accurred on the date and ha	ur and from the causes stated			
has has IREC hed hed tept.		22b. SIGNATURE		A-A	DEGREE		221 DATE SIGNED			
the the Date Detoc		1 aranor	ti L.	Silar	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/1/87			
SPIT A by A b	51	22d. PHYSICIAN'S NAME (T	PE OR PRINT)	7	22e ADDRESS					
etoined by 170 FUNERAl should be de with the Stot		PANATIOTI	os L. J	(TA 1200)	1874 1782	AIR Rel +	ALLS For had 2104)			
0 de 7	23a. B	URIAL, CREMATION, REMOV	AL 23b DATE	23c. NAME	OF CEMETERY OR CREMATORY	23d LOCATION				
BP		Burial	9-4-87	St. S	Stanislaus	Balto. Md.	COUNTY STATE			
DHMH - 16 60M 7/84		INERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE			
(VRA 15, 4)	L	eonard J. Ruc	k, Inc.,53	305 Harford	Rd. S	FP 3 1987 Asia	Tind - D. Sal			

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of the seek and	- 4 .d sinnold	016-92-2439		186

26. HOUR 38

HOURS

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO F

STATE

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22c DATE SIGNED

ulia Davidson. Kandalle

IF UNDER I YEAR

INDUSTRY

DAYS

DHMH - 16 60M 7/84 (VRA 15, 4)

0

MIN DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

065	077 000	1-	FOR STATE			EPARTMENT	OF HEALTH	AND MENTA		2 6	5 9	· J	
0031		I. DE	SISTRAR CEASED NAME E OR PRINT	To his	MED	MIDDLE A.	IINER'S C	ROKER	20.	DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR	26 HOUR
	SSARY, PLEASE RAL DIRECTOR. R YOUR FILES. HIN 72 HOURS	3. SEX	M	ACE 5. 1	DATE OF BIRTH	YEAR LAST B	IN YEARS IF UN RTHDAY) MONTH CYRS.		DER 24 HRS. 2c.	DATE ONOUNCED DEAD	MONTH 9	4 1947 DAY YEAR	2d HOUR
0	NEGES UNIER	FO	REIGH COUNTY)	N.Y.	#	U.S.	MARRIE WIDOW	ED DIVO	RCED	HA /	rFor		MD.
25	DELAYS NE 3 TO THE FUN 10 PAGE & F 10 BE FILED.	OH	AURE SLE	grace	(FNOT IN SUCH FACE	COLL D	remo	1 /		ST OF WORKING LIFE)	TIPE OF WORK	OR INDUSTR	
D. 21201	RETAIN SHOULD RECORD		EW YORK	In Johns	tonny	13c EVJAME		13d INSIDE CITY LIMITS YES NOTHER'S MA	109	Pine	grov	2911.1	19
BALTIMORE, MD.	A GEST	16a. V	FREDERICK			OKER LAST	URITY NO.	FIRST	LETHIA	MIDDLE	ĴOHN		Ovo C.
	RS AFTER GIVE WITH CONTRIBUTION PAGES	YH	S, NO, OR UNKNOWN)	W.W.I	OR DATES)	/2 4- / or (o), (b), and (c).	6-132	2 /10	pif	AL Ze	ceres	Jamica Japproximate	N.Y
RDS, 201 W. PRESTON ST.,	EXECUTED WITHIN 24 HO NG". IN PENCIL IN ITEM 1 CALL EXAMINER ALONG N. BURIAL - TRANSIT PERMI A AND MENTAL HYGIENE. WATION, OR REMOVAL.		Canditians, if gove rise to couse (a) stati lying cause los	MAS CAUSED BY IMMEDIATE C any, which immediate ing the under-	AUSE (o) DUE TO, OR A (b) DUE TO, OR A	AS A CONSEQUEN	ICE OF	ASC OR CONDITION GIVEN IN		Lea F	D149	BETWEEN ONSET	AND DEATH
ITAL RECORDS,	TE SHOULD BE EXECUTED WORD "FENDING" IN PRINCIPLE AND INCLUDED AS A BURIAL. ENT OF HEALTH AND MEIND BE USEN AS A BURIAL, CREMATION, OF BURIAL, CREMATION, OF THE AND MEIND AND AND AND AND AND AND AND AND AND A	IFICATION	19e. DATE OF OPE	RATION	196 CONDITI	on for which c	PPERATION WA	AS PERFORMED?				20 AUTOPSY?	NO []
DIVISION OF VITAL	G THE G THE HOULD OR TO	MEDICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING [214. INJURY OCCU	OR CAUSE OF DEA		MONTH DAY	/EAR	W INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN ITEM	18 PART 1 OR PAR		
DIVI	E, WR SWAR PAG STATE	ME	WHILE AT WORK AT	WORK	STREET, FACTO	RY, FARM, ETC)	ST	REET		ITY OR TOWN	cou	NIY	STATE
•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND,		22a I certify the death resulted from ACTUAL SIGNATURE		77/	Accident ,	Suicide ,	Hamicide Title (SPECIFY)		Inquiry, nined manner AL EXAMINER	and in my api	9-5-	+7
000	EXECUTE PAGE 4 TO FUNI AFTER DE BALTIMO	23o.B1	EXAMINER'S NAM (TYPE OR PRINT) JRIAL, CREMATION		E PCE.	123¢ NAME OF	CEMETERY OR	ADDRESS 46	4 a11	TION	7 th	alah	ag ===
1 67/84 25M	BP 17	BÜ	RTAL INERAL DIRECTOR	9-	-10-1987 Dlis, Md.	ROSE H	ILL CEN	TETERY	CITY OR 1	Putnam GISTRAR 1256 AR	COUN	Nev	York
	(VR A15 ME (5))	WI	LLIAM REE					SE	P8-1	1987 8	lia David	wy. Kendal	

A CONTRACTOR OF THE STATE OF A 16 The work hay They I They KI THE PROPERTY OF THE PROPERTY OF THE PARTY TO STATE Y ... 2 FOR ADDITION OF THE PARTY O talks . A. , allows up. AND 1887 8 438 A. I MARIE LINES & LINE HALLES

DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 2125

STATE OF MARYLAND

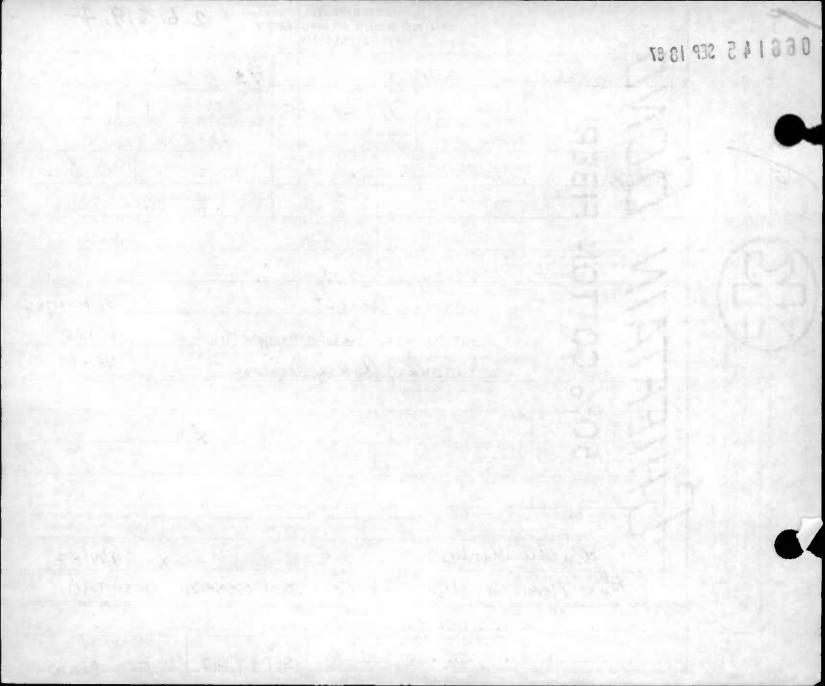
2615,9,4

P	10	STATE STATE		DEPAR		ICATE OF DEATH	REG. NO		1743	
100		SED NAME FIRST SURVEY	,	MIDDLE	A55.	AST	98/14/8	MONTH DA	Y YEAR 2b	HOUR
4	3 50	MALE	4. RACE WHI	È	5. DATE C	DAY YEAR	6. AGE FIN YEARS LAST BIR	THDAY) IF		UNDER 24 HRS
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY O	SWL.	(MD
2	F	ALSTON	F67	LESTON	GEN. H	OSP .	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O CHEMIS		125. KIND OF BUINDUSTRY US GO	OVT.
1	MA		HARFORD	BEL AI			13e.SIREFT ADDRESS	ED ST.	#21	114
2	14 FA	MORRIS	WIDDLE	SASS LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		POLLÄČK	
į	- ()	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	212-03		17 No REED S	BLANCHE		21114	
		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS IMMEDIA	inly one cause per ED BY. ATE CAUSE (a)	line for iai, (b).	' /	Errest			APPROXIMATE BETWEEN ONSE	INTES
		Conditions, if ony, which	DUE TO, O	RAS ACONSECULA	OUENCE OF	Cardiony	opathy		YEAR	5
		gove rise to immediate couse (a), storing the underlying cause last.	DUE TO, O	RAS CONSEQ	NALLY	artery Dis	iease		YEAR	25
	TION	PART 2 OTHER SIGNIFICANT					INAL DISEASE OR CONI			
2	CERTIFICATION	90 DATE OF OPERATION			CH OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY I		USED DEATH?
7	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IY IN ITEM 18 PAR	I I OR PART 2)	
300	WED	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE	E FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		22a I certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did n	n	19		nd that in (my) (aur) apinion o	, to death occurred an the do	ote and hour a		(I) (we) last ses stated
		//	Weigh	utms			MEDICAL STAF DIRECTOR PHYSIC	IAN	9/14/8	PED 37
		JOHN M		T MD		FALLSTON	J GENERA	L Ho	SPITAL	
		BURIAL, CREMATION, REMOVA	SEPT.1	5,1987	HARFORI	EMETERY OR CREMATORY D JEWISH CENTE	23d LOCATION CITY OF TOWN	ALE P	SALTO.	STATE MD
		UNERAL DIRECTOR S	OL LEVIN	BALTO		1215	REC'D. BY REGISTRAR	25b REGISTRA	AR'S SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

10 FUNERAL DIRECTOR , should be detached for use with the State Dept, of Hear



1 - ST RE
RE

bode

mpletely filled in by the funeral director part 2 should be filed within 72 hours after

STATE OF MARYLAND

	(Error	,

	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIÉNE CERTIFICATE OF DEATH REG. NO.							
	1 DEED D NAME FRST (TYPOSITIVE) FRST eddie	Clarence 6	Sawyers	20 DATE OF DEATH MONT	5:11pm			
	3. SEX 4. F		TE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY	FUNDER TYEAR OF UNDER 14 HRS			
-			aly 7, 1914		YRS.			
A.	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	TT CL A	RRIED NEVER MARRIED .	9 BALTIMORE CITY OR CO	MD.			
plant gall	Fallston	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FALLS FOR GENERAL	1 Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Farmer	126 KIND OF BUSINESS OR INDUSTRY Farming			
6	USUAL RESIDENCE (IF NURSING HOME OR OTH 130. STATE 13b. COUNTY Maryland Harf	13c CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 1		CODE 21111 Stsville Pike			
	Harrison	Sawyers	15. MOTHER'S MAIDEN NAM	MIDDLE	McLean			
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	one couse per line for to), (b), and (c), BY: CAUSE (b) DUE TO, OR AS A CONSEQUENCE C	owel Sa owel of any culti	ydenie				
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERA 21b. TIME OF INJURY HOUR A.M. MONTH DAY YE	21c HOW INJURY OCCURR		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO			
	OR CONTRIBUTING CAUSE OF DEATH		21f LOCATION	CITY OR TOWN	COUNTY STATE			

should be detached for use as the burial-transit permit. TO FUNERAL DIRECTOR: After this certificate has be retoined by the hospital or IMPORTANT: If Hem 21 is TO HOSPITAL BP.

ATTENDING

marked or them 18 sh

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION 236 DATE I SPECIFY) 10/2/ Burial

220 1 certify that (1) (this haspital) attended the deceased from

sow the deceased alive on obove, (1) (we) (did) (did not view the body after death.

23c NAME OF CEMETERY OR CREMATORY

Mem.

DEGREE

ATTENDING PHYSICIAN

Gar.

23d LOCATION
CITY OR TOWN
Bel Air

STAFF PHYSICIAN

death accurred on the date and hour and from the causes stated

Md. Harford

271 DATE SIGNED

24 FUNERAL DIRECTOR Gladden Kurts

Jarrettsville, Md.

Bel

1987

250. DATE RECT

MEDICAL

REGISTRARISS REGISTRAR'S SIGNATURE

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Canada and Canada Canad

Little Land Co. 1 . 1.0.0 minutes 11.

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H. Gladden amura Jarrettaville, Ed. () 587

067605

OCT

3. SEX

CERTIFICATION

MEDICAL

Female

Maryland

Maryland

ATHER'S NAME

FIRTHPLACE (STATE OF FOREIGN

STATE OF MADVIAND GEGISTRAR DECEASED NAME FIRST (TYPE OR RRINT)

DEPARTA	MENT OF HEALTH AND MENTAL HIG CERTIFICATE OF DEATH	REG. 1	0)		1			
DLE	LAST	20 DATE OF DEATH	MONTH	D/	r.A.	YEAR	2b. HOL	JR	Т
J	SCARBOROUGH		9	27	1	987	3::	30	a
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	BRIHDAY		UNDE	RIYEAR	IF UNDER	24 HRS	
	March 4, 1900	87	YE		ONTHS:	DATS	HOURS	MIN	
HAT COUNTRY?	8	9 BALTIMORE CITY	OR COU	NTY	OF DE	ATH	7.7		
	MARRIED NEVER MARRIED	HARFOR	D CC	UN	TY				-

WIDOWED DIVORCED T CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

RUTH

4 RACE

Baltimore

White

USA

76 CITIZEN OF WE

CITIZENS NURSING HAVRE DE GRACE HOME Housewife SUAL RESIDENCE (IF NURSING 131 CITY OR TOWN

Towson

13e STREET ADDRESS / ZIP CODE 1105 Echo Court, 21204 YES KK 15 MOTHER'S MAIDEN NAME

MIDDLE

Curtis John Wilson Annie Eliza. Foard ADDRESS 6h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? MD. No 220-46-9494 G. Curtis Scarborough, 1105 Echo Ct., Towson

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate

couse (a), stating the underlying couse last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED II LOCATION 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from

10/1/87

and that in (my) (our) opinion death accurred an the date and hour and from the causes stated

saw the deceased alive on hbave, (I) (we) (did) (did nat) view the bady after death DEGREE

ATTENDING STAFF PHYSICIAN A DIRECTOR PHYSICIAN

Burial

23c. NAME OF CEMETERY OR CREMATORY

Slate Ridge

23d LOCATION Delta.

York PA.

STATE

125 KIND OF BUSINESS OR

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Harkins Funeral Home, Inc., 600 Main St. Delta Pa

DHMH - 16 60M 7/B4 (VRA 15, 4)

old be deto

PORTANT

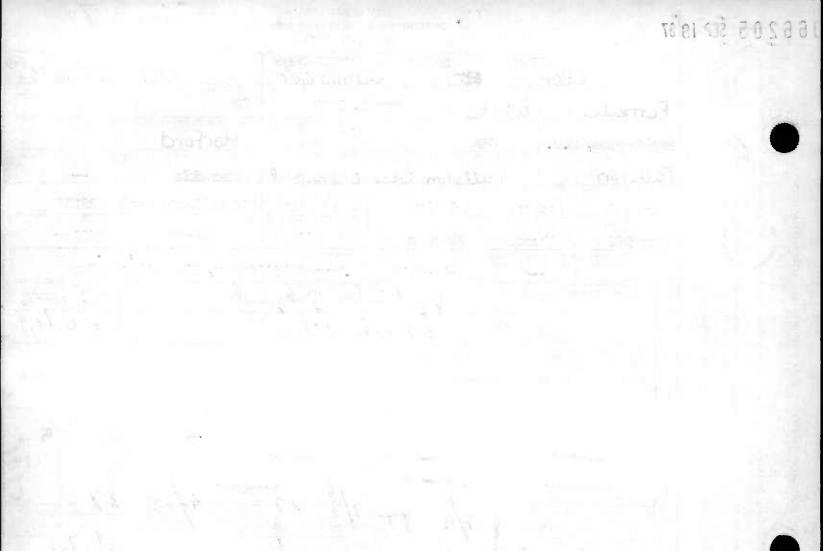
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STATE OF MARYLAND

CCOOF CEO	امام	7 FOR	, DEDART	STATE OF MARYLAND MENT OF HEALTH AND MENTAC MY	2 6 .	3 4 /
66205 SEP	18 9	- STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH		
	1. [DECEASED NAME FIRST E1	len MIDDLE FMILY	'ASSCHILLINGER	REG. NO.	DAY YEAR 26 HOUR
be oge 3	(1	YPE OR PRINT) Ellen	Ten EMILI	Schillinger	09	15/87 10:43
pog pog	3.	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor.		Female.	white.	May 5, 1907 YEAR	80 YRS	MONTHS DAYS HOURS MIN.
Poge	7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	
her deoth. F ne fune of within 72 h	/ W	ashington, D.C.	USA	WIDOWED DIVORCED	1-12-01-0	MD.
a hat		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
S S S S S S S S S S S S S S S S S S S		allston	Fallston (General Hospital		
hour hour dibe	13	a. STATE 13b. COU	NTY I3c. CITY OR TOW	E ADMISSION) /N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO 515 Tollgate R	DE 3 21014
AN S		Maryland Harf	ford Bel Air	YES NO NO		oad 21014
W Chan	77	FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN N	Duvall	Miller
W C T T T	XC.	Cardiff No	orris McComas			r, Md. 21014
BALTIMORE, MARYLAND 21201 See be recorded within 24 hours of paper. Fug. Maryland in by aper. Fug. Maryland in the file.	1	(YES, NO OR UNKNOWN) (IF YES, GI	ve war or Dates) 220–12–48		llinger, 515 Tol	
w be	/ -	no -	nly one couse per line for (o), (b) on		//	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE (o)	fuller theley	cach	minutes
PRESTON ST., he death certified to ottending to majon, or remove correct remove correct rectangles.		IMMEDIA	DUE TO, OR AS A CONSTOU	ENCEDE A ATT		2 1/ dr. 5
deoth deoth ottend		Conditions, if ony, which	((b)	CENDO MIL.		3-90095.
W. PRESTON To the death of the ottending size remove configuration of the other from ot		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
on w.		underlying couse lost.	(c)			
8 205			CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
O	- 2	190 DATE OF OPERATION	TIPL CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. 4F	YES, WERE FINDINGS USED
e low r		TYS DATE OF OPERATION	190. CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCER	TIFYING CAUSES OF DEATH?
VISION OF VITAL RI G PHYSICIAN: The la strending physicion. er this certificate hos the build-transit per ond Mental Hygiene and Amental Hygiene		714. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM	
ON OF VITAL HYSICIAN: The ding physicio buriol-fronsis Mentol Hygie		an an including the second		AY YEAR		
ISION OF VI: PHYSICIAN: rending phys this certifico he buriol-troo he buriol-troo he control-troo he buriol-troo he control-troo he buriol-troo he control-troo he control-tro	X	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	city on town	COUNTY STATE
DIVISION OF PLANT OF THE PARTIES THE PARTI	1	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE,	FARM ETC)	- 1.	67
Se eol		22a.l certify that (1) (this hosp	ital) attended the decrosed from	02 7/3 10/	10_ 7/13	. that (It (we) lost
Spitol CTOR H for u		sow the deceosed alive or obove, (1) (we) (did) (did no	ot) view the body ofter death.		n death accurred on the date and I	
OR o ho		226. SIGNATURE	2 / /	DEGREE	MEDICAL STAFF	DATE SONED
		dean		PHYSICIAN 722e ADDRESS	DIRECTOR PHYSICIAN	1/16/0)
O HOSPITAL O HOSPITAL TO FUNERAL should be det which the Aurit		22d. PHYSICIAN'S NAME CTYPE	VANL VALVAN	7/26 ADDRESS		
TO HOSP etoined I	/		100 000	NAME OF COMPTERN OR CREW YOR	23d LOCATION	
-	23	6. BURIAL, CREMATION, REMOVAI		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	24	Burial FUNERAL DIRECTOR	ферг. 13, 138/ MO	untain Christian ('emetery, Joppa ATE REC'D. BY REGISTRARIS B REG	Harford Md.
DHMH - 16 60M 7	/84	HOLDING TO MAG	ADDRESS	01000		a Tindor Rendals

DHMH - 16 60M 7/84 (VRA 15, 4)



065573 SEP

STATE OF MARYLAND

l	1 - STATE		DEPARTM		ICATE OF DEATH	REG. NO			
٩	DECEASED NAME 1951	-	MIDDLE	ı	LAST		MONTH DAY	YE AR	26 HOUR
ı	Hele	n	F.	Shi	reliff		09 00	1987	9:270
1	3 5EX	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN
1	TEMALE	N	HITE	MONT	DAY YEAR	84	YRS	VINS DATS	HOURS MIN
1	74 SWITHPLACE INTATE CONCORDION	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY O	FDEATH	
1	WEST VIRGINIA	USA		WIDOWE	D NEVER MARRIED DIVORCED D	L.	CEn.	CA	MD.
	HAVRE de Grace	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKER		12b. KIND OF INDUSTRY	BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COU	ROTHER INSTITUTION NTY FORD		N	13d. INSIDE CITY LIMITS? YES NO 🖔	13e STREET ADDRESS / 22DD PALDMIN		RDAD	21078
d	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
Л	JOHN	J.	FDLEY		HELEN	T.			INING
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	(YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	215 22 254	7	JAY E. FOLEY, 3	DID N. LAKESID	E TRAIL,		R, CD 803D
	Conditions, if ony, which gove rise to immediate couse ioi, stofling the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a: ACCIDENT WAS UNDERLYING	gove rise to immediate couse io, storing the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS C			NOT RELATED TO THE TERM IN WAS PERFORMED	NINAL DISEASE OR CONI	20b. IF YES, V	WERE FINDINGS USED	
1	THE STATE OF THE S					YES NO X	YES [NO 🗆
1	OR CONTRIBUTING CAUSE OF DE	218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MON		19		RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART	T OR PART 2}	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the deceased alive a	pital) attended the deceased from, and that in (my) (our) aprinian death occurred on the date and hour ar							not (I) (we) lost ouses stated
	obove, (I) (we) (did) (did n	20	fur	7	A A	MEDICAL STAF		22 DATES	O/A7
/	JOHN JOHN	0.	Yun	/	Ham	ide 9	hre	1. n	nd
	230 BURIAL, CREMATION, REMOVA (SPECIFY)	10 PO 11 LOO N		IAME OF C	EMETERY OR CREMATORY	23d LOCATION	C	OUNTY	STATE
	BURIAL.	14SEPTI	EMBER87 GA	ARDENS	DF FAITH CEMETER		BALTIMOR	E CO.	MD.
	24 FUNERAL DIRECTOR				250 50 1	RED DAY SHERE	25K-BEG WIRA	HOLDSNICH	A PARTY

DHMH - 16 60M 7/84 (VRA 15, 4)

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

065200 SEP

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MIDSOI

DATE OF BRITH

REG. NO TH. DATE OF DEATH **BACKETH** 26. HOUR & AGE (IN HEAVILIAST BIRTHDAY)

	EAMALE	WHITE	
BIRTHPLACE COUNTRY	ESTATE OF PORE GA	74. CITIZEN OF WHAT COUNTRY?	8 MA
The second second	Contract Contract		

BRIED A NEVER MARRIED DIVORCED [

1910

BALTIMORE CITY OR COUNTY OF DEATH HARFORD COUNTY.

IS CITY OR TOWN OF DEATH

Lie STATE

REGISTRAR

DECEASED NAME TYPE OF PRINTS

> WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OF NOT IN SUCH FACILITY, ONE STREET ADDRESS.

HE USUAL OCCUPATION 17b. KIND OF BUSINESS OF INDUSTRY (THRE OF WORK FOR MOST OF WORKING LIFE) (RET) TELLER-CLERK BANKING

716 REVOLUTION STREET DSUAL RESIDENCE OF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE METORS ADMISSION

AND DIE

HARFORD

13h COUNTY

13c CITY OR TOWN THE INSIDE CITY LIMITS? HAVRE de GRACE YES X

13e STREET ADDRESS / ZIP CODE 716 REVOLUTION STREET 13 MOTHER'S MAIDEN NAME

21078

A FATHER'S NAME FRANKLIN

MD

CASE MITCHELL

BESSIE 17. INFORMANT

ADDRESS.

AUDDUS

CASE THOMPSON

IAN WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OF UNKNOWNS 18 VES. GIVE WAR OR DATES!

IME SOCIAL SECURITY NO.

ALBERT F. SIMPSON.

PRINT

NOI

SAME AS #13e

NO APPROXIMATE INSERVAL BETWEEN OWNER AND DEA 18. CAUSE OF DEATH (Enter only one couse per la for io), ib , and ic PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE 10. Conditions, if any, which gave rise to immediate couse in stating the DUE TO: OR AS A CONSEQUENCE OF underlying couse last. ABLIZ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION ONEN IN FIRST THE

NDITION FOR WHICH OPERATION WAS PERFORMED

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21a. ACCIDENT WAS UNDERLING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

The deceased alive on_

21s. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

THE PLACE OF INJUSTY

THE HOW INJURY OCCURRED LEWISE WATURE OF HAURT IN 1984 18 PART I DISPART 25

INTHOME STREET, FACTORY, OFFICE, FARM, ETC.) AT HOME D ACT WHILE D 12s.) certify that (1) (this haspital) attended the deceased from

flow, (It (westdid) (did not) yetw the body after death

711 LOCATION

City Of fourth COUNTY STATE

775 MIGNATURE

DEGREE ATTENDING PHYSICIAN

HARFORD MEMORIAL GARDENS

STAFF MEDICAL DIRECTOR PHYSICIAN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

27c DATE SIGNED 6SEPTEMBER87

77e. ADDRESS 73c NAME OF CEMETERY OR CREMATORY

CITY OF TOWN

ABERDEEN, HARFORO COUNTY.

BURIAL 74 FUNERAL DIRECTOR

CERTIFICATION

17

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078

23h DATE

8SEPTEMBER87

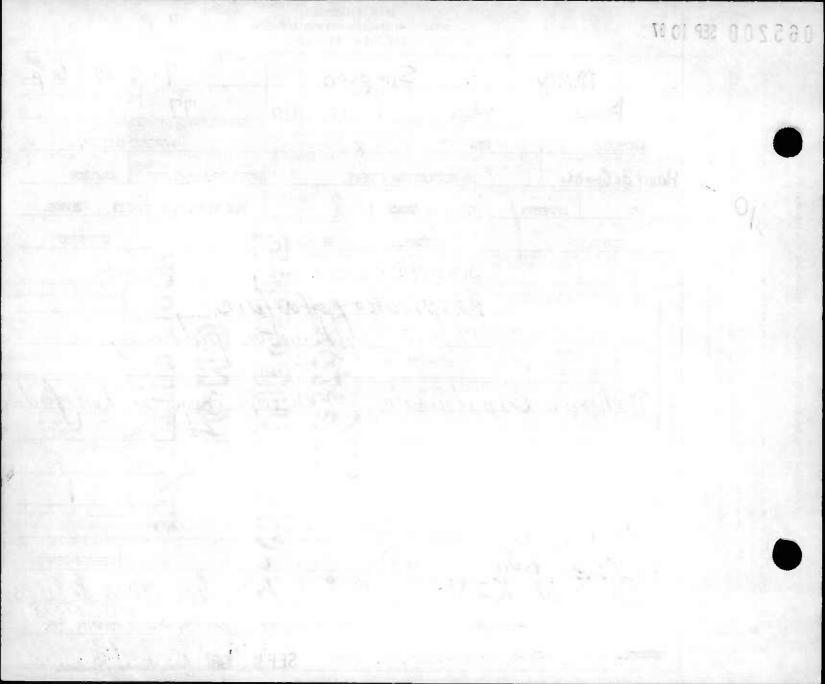
250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

94

DPECARIO

23s BURSAL CREMATION, REMOVAL



065835 may be led to by the funeral director, page 3 id by their white Thours after death BALTIMORE, MARYLAND TO FUNERAL DIRECTOR: After this certificate has been signed by the arrestings physics should be detached for use as the burial-transit permit. Then plane remove contrangement the State Dept. of Health and Mental Hygiene prior to burial, cremation, acremoval DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE

5

6 8	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO. 3		
	CEASED NAME	FIRST		IDDLE	-3	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	Franc	es	Isa	abell		ughter	September	13 1	987	
3. SEX	x Female	4. F	White		5. DATE O	2 1917 YEAR	6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	MONTHS DATS	HOURS
	IRTHPLACE (STATE OR F		CITIZEN OF V USA	VHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY Harford	_		
	ITY OR TOWN OF DEA BelAir	ATH 11.		OSPITAL, NURSIN LEACILITY GIVE STREET SUNT LOWER		R OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MO) HOUSEW1	TION LOF WORKING E	12b. KIND C INDUSTRY	OF BUSINES
	AL RESIDENCE (IF NURS	Harfo		SIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRES		Dr. 210	14
14. F.A	Joseph	MIDE	1-4-10	affy LAST		15. MOTHER'S MAIDEN NA Littlian	WE		Jones 1AS	
16a. V	WAS DECEASED EVER	IN U.S. ARMEI		166 SOCIAL SECU 213-20-1		17. INFORMANT Frederick SI		RESS 300	Sunflowe	erDr.
	18 CAUSE OF DEATH	H (Enter only o	ne couse per	line for (a), (b), and		ARRED OF			APPROX BETWEEN	MATE INTERV
	gove rise to imm cause (a), statin underlying cause	ig the	DUE TO, OR	AS A CONSEQUE	ENCE OF			716		
TIFICATION	couse (a), statin underlying couse	In the lost. NIFICANT CON	OTTHY	MIRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	20b. IF Y	FALLUES TES, WERE FINDING CAUSES YES TES TES TES	NGS USED
AL CERTIFICATION	PART 2 OTHER SIGN 19a DATE OF OPERAL 21a, ACCIDENT WAS UNIT OR CONTRIBUTING	INTERCANT CON S TION DERLYING CAUSE OF DEATH	POTTY 196 CONDIT	MTRIBUTING TO DE PROPERTIES PER	DEATH BUT SENICE OPERATION AY YEAR	US ANEMIA.	POLYGEAND 200 AUTOPSY? YES NO	20b. IF Y IN CERT	PALLURA ES, WERE FIND IN TIFYING CAUSES YES []	NGS USED OF DEATH
MEDICAL CERTIFICATION	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNE	INTERCENT CON CONTROL OF CONTROL	POTAY 196 CONDITIONS A.A. P.A. 216. PLACE C	PATRIBUTING TO LE PARTIE DE LA PERIODE FOR WHICH FINJURY M. MONTH DA	DEATH BUT OPERATION AY YEAR 19	N WAS PERFORMED	POLYGEAND 200 AUTOPSY? YES NO	20b. IF Y IN CERT	PALLURA ES, WERE FIND IN TIFYING CAUSES YES []	NGS USED OF DEATH NO
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	COUSE (a), storing underlying couse PART 2 OTHER SIGN 198. DATE OF OPERAT 198. DATE OF OPERAT 216. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 216. INJURY OCCURE WHILE NOTIFY MEDIC 220. I certify that (I) sow the dispose obove (I) (I I I I) 22b. SIGNATURY	TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (Ithis hospital) ed of did not you	POTTY 196 CONDITIONS CO 216. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRI	TRIBUTING TO LET ON FOR WHICH FINJURY M. MONTH DA OF INJURY EET, FACTORY, OFFICE, F	DEATH BUT CLATCO OPERATION AY YEAR 19 PARM. ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 19 94 ad that in my (our) opinion DEGREE ATTENDING PHYSICIAN [POLYGLAND 200 AUTOPSY? YES NO RED (ENTER NATURE OF III CITY OF	20b. IF Y IN CERT	PALLUES TES, WERE FINDIN TIFYING CAUSES YES B PART 1 OR PART 21 COUNTY . 19	NGS USED OF DEATH NO STA
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WEDICAL WEDICAL	COUSE (01), storm underlying couse PART 2 OTHER SIGN 21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK 27a. I certify that (1) Saw that disposed (1) (1) (2) 27b. SIGNA LIFF 22d. PHYSIGIAN'S NA Dr. Phi	THE LOST. WIFICANT CON S / VI TION DERLYING CAUSE OF DEATH CALEXAMINER RED WILL CAUSE OF DEATH CALEXAMINER WILL CAUSE OF DEATH CAUSE OF DEATH CALEXAMINER WILL CAUSE OF DEATH CAUSE O	POTAY 196 CONDITIONS CO 216. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRICT offended the liew the body of the body o	PRINTING TO LE PER LE	OPERATION AY YEAR 19 PARM, ETC.)	216. HOW INJURY OCCUR 216. HOW INJURY OCCUR 216. LOCATION STREET 19 216. HOW INJURY OCCUR 19 216. HOW INJURY OCCUR 19 216. ADDRESS EMETERY OF CREMATORY TO CEMETERY TO CEMETERY	POLYGLAAN 200 'AUTOPSY? YES NO RED (ENTER NATURE OF III CITY OF death occurred on the MEDICAL S DIRECTOR PHY	20b. IF Y IN CERT	COUNTY 22c. DATE	STA that Dwe couses state SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital ar attending physician

BP.

5		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENT 2 5 0 1 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO.	
Ubl	UZI SEP	MICHED NAME FIRST TONCTON MIDDLE POSSEDENT LAST STUSHET 20 DATE OF DEATH MONTH DAY YEAR 21	b. HOUR
pe	ge 3	TONCRAY R. SLUSHER 9-24-87	6:55 am
e 4 mo	softer d	MONTH DAY YEAR 83 MONTHS DAYS F	FUNDER 24 HRS
oth. Par		BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED HARFORD 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED HARFORD	MD.
01 s ofter d	100	TO CITY OR LOW BY OF PEATH IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CITIZEN'S NURSING HOME 120 USUAL OCCUPATION (IT PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CONSTRU	
ND 212	11/2/	UAL RESIDENCE (IF NURS IT MI OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 CITY OR TOWN 131 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 131 CITY OR TOWN 132 CITY OR TOWN 133 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 13-C Misty Wood Corele A	193
MARYLA ed within	11/3	ATHER'S NAME FIRST MIDDLE LAST ATHORY LEE Slusher Lula USAN WICK!) Ang
IIMORE,	y page 2	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN(Sw) 836-2756 ADDRESS 1934 Churchville Rad NO NO. Edward R. Slushet BELLAN, Maryland R	1014
T. BAL	J. J. True	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), as (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). APPLOXIMATION OF THE PROPERTY OF	SET AND DEATH
IDS, 201 W. PRESTOR	signed by the ottend Then please remove cor to burial, cremation, or njury, or other froumof	DUE TO, OR AS CONSEQUENCE OF Conditions, if only, which gave rise to immediate couse iot, stating the underlying cause lost. PART 2 DISER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2.	trale des
AL RECOR	has been to permit. Iene prior	190 DATE OF OPERATION 196 CONDITION WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES NO X YES 1210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY NOT THE PART OF PART O	
OF VIT	certificate hurial-transit yental Hygiei		
DIVISION OF VITAL	ottendin ter this cost he but hond Me	OR CONTRIBUTINGCAUSE OF DEATH	STATE
ON STAN	hospitol or RECTOR: A red for use o ppt. of Healt tem 21 is mo	The control of the hospital plended the decound from	
PITAL OF		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIREC	/A'
TO HOS		THE THE PARTY OF T	12071
5	BP	Belling A Sept. 25, 1987 BEI hir Memorial Goodens Belling Harbord Co, Maryland 2	LIDIY.
DH	HMH - 16 60M 7/84 (VRA 15, 4)	250 DAJERECTOR DESTEN SOW. Broadways williams str 250 DAJERECTO. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS DATE RECTOR BY REC	

(VRA 15, 4)

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STATE OF MARYLAND

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N 8 8 SEP 2	1 . 0 8	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H	YGIEÑE REG.	NO.) U č.	9
y be oge 3 death	I. ŅE	CEASED NAME OR PRINT)	FIRSMar.) A	Atwood	Sny	Snyder	20 DATE OF DEATH	MONTH 35	1987	10:45 A
tor. pe	3. SE	Male	4	RACE White		Jan Month	4, 1915 YEAR	6 AGE (IN YEARS LAST		MONTHS DATS	HOURS MIN.
Boo Single	70. B	RTHPLACE (STATE OR F	OREIGN 71		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
161 /		ennsylvania		US		WIDOWE	D DIVORCED	HAC	ford	47.	MD.
files	Ho	WITE OF GE	ace	IF, NOT IN SUC	ord Ne	ADDRESS)	Hazzital	Mäster 10		LIFE INDUSTRY	tal
filled in hould be	13a. 3	aryland	136 COUNT	ford	136. CITY OR TOW Bel Air		13d. INSIDE CITY LIMITS?	13. STREET ADDRES	s/zipcor rley D	rive, B	21014 el Air,Md.
Perel 2.5	14. F/	Earl	T.	ewis	Snyde:	r	15. MOTHER'S MAIDEN N	Falene		Betzer 1A	ST
d come		VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166. SOCIAL SECU		17. INFORMANT			Md. 210:	
Pogo de ex	,	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	178-10-	9568	Mrs. Violet				
es that the death certifica ned by the attending phy please remove, or remono urial, cremation, or remove v, or ather traumatic event		Conditions, if ony, gove rise to imm cause (o), stotin underlying cause	which nediate g the lost.	DUE TO, OI	A.S.	Mayor	yo Card Jeth Card Person Jeen a Alfal NOT RELAJED TO THE TI	diac Arrication of	est ue t	8 OVEN IN PART I	adden 3 weeks
The low requirion. ion. those been significant to be green prior to be been prior to be been some only injury.	CERTIFICATION	19a DATE OF OPERAT	O. P	196 COND	ITION FOR WHICH	leir	ral of	LOS AUTOPSY? YES NO	20b. IF Y	ES, WERE FINDII	NGS USED
physic physic tificat of Hyg of Hyg)	21a. ACCIDENT WAS UND	AUSE OF DEAT		M. MONTH D		21c. HOW INJURY OCCI	JRRED (ENTER NATURE OF II	NJURY IN ITEM 18	PART I OR PART 2)	
attending ter this cer is the burio h and Ment	MEDICAL	21d. INJURY OCCURE WHILE NOT WHAT WORK AT WORK	RED	P. 21e PLACE (AT HOME, ST		ARM, ETC)	21f. LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
OR ATTENDIN e hospitol or DIRECTOR: Af oched for use o Dept. of Healt		22a. I certify that (1) saw the decease above, (1) (11) (22b. SIGNAT III)	(this hospito ed alive on_ lid) (did not)	view the body	e deceased from 24 19 ofter death.		B that in (my) (our) opinion DEGREE			- /	/ /
to HOSPITAL etoined by the TO FUNERAL should be detre with the Stote	<	THE PHYSICIAN'S NA	and	CI	00, N		TAURE	DEGRA	CE,	Md.	21078
BP		BURIAL, CREMATION, (SPECIFY) CEMATION		23b. DATE ept. 25.			EMETERY OR CREMATOR	CITY OR TOWN		Chootes	STATE
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR		4-111735			cis Cremator	ATE REC'D. BY REGISTR			
(VRA 15. 4)	He	oward K.McC	Comas	III. Ab	pinadon M	d. 210	009 327	48 1987 2	a well	bor-Adapte	M.

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DHMH - 16 60M 7/8 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE GGSTRAR	DEP		EALTH AND MENTAL TYG	REG. NO	0 0 0
T. DE	Charle	narles James	Jont	Sonberg, Jr.		DAY YEAR 76 HOUR 21 87 1103
3 SE	Male	White	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 72 YRS	MONTHS DAYS HOURS M
	IRTHPLACE (STATE OR FOREIGN COUNTRY) REYLAND	76. CITIZEN OF WHAT COUNT	MARRIE WIDOWE	D NEVER MARRIED	Har ford	ITY OF DEATH
10, C	Fallston	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S FALS TON		OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Merchant	IZE KIND OF BUSINESS INDUSTRY Garage
13a S	AL RESIDENCE OF NURSING HOME O STATE 136 COU			13d INSIDE CITY LIMITS? YES NO 2	13e STREET ADDRESS / ZIP CO	
) ILE	ATHER'S NAME FIRST Charles	MIDOLE LAST James Sonber	ra. Sr.	15. MOTHER'S MAIDEN NA Anna	ME MIDOLE	Pouska
	WAS DECEASED EVER IN U.S. A		SECURITY NO.	Valerie J.Pet	Havre de G	race, Md. 21078
	PART I. DEATH WAS CAUSI	nly ane couse per line for (a), (b		I Sailwe		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
7	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c) Steg & CONDITIONS CONTRIBUTING	EQUENCE OF	CHF Ider cancer NOT RELATED TO THE TERM	(transitiona)	/ week cell) 2-3 mo Given in part to
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WA	0 1	N WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES \(\text{NO} \)
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	216 TIME OF INJURY HOUR A.M. MONTH P.M.		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OF	FICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive or obove. (1) Iwe) (did) (did n	of view the body ofter death.	0.00		2, to 9/21 death occurred on the date and h	
_	776. SIGNATURE	1 Aural	1	+	MEDICAL STAFF DIRECTOR PHYSICIAN	1/23/g
	22d PHYSICIAN'S NAME (TYPE	F HARNE		22e ADDRESS 2106	est Hill , Md 2	Rd 1050
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b DATE Sept. 24, 1987		EMETERY OR CREMATORY		COUNTY STATE
	oward K. McCom	as III, Abingd	ress.	250	EP 2 3 1987 Julia	STRARE SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	FOR STATE TEGISTRAR			EALTH AND MENTAL HYG	REG. NO.	
(1YP		THER !	MARY ST	EVENS	2ª DATE OF DEATH MONTH	3-87 9 M
3. SE	F	4. RACE) S. DATE C	DAY YEAR	6. AGE (AN HEARS LAST BIRTHDAY)	MONTHS DATE HOUSE MAL
	IRTHPLACE (STATE OR FOR COUNTRY) Ova Scotia	1	WHAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE SITY OR COUNTY	OF DEATH
10 C	THY OR TOWN OF DEATH	IF NOT IN SU	HOSPITAL, NURSING HOME OF CH FACILITY, GIVE STREET ADDRESS) TON GENERAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Homemaker	126 KIND OF BUSINESS OR INDUSTRY
13a	STATE aryland	g home or other institution 3b. COUNTY Harford	13c. CITY OR TOWN Aberdeen	13d INSIDE CITY LIMITS? YES X NO	309 Carter St	21001
14. F.	ATHER'S NAME FIRST Unkno	o w n	Saunders	15 MOTHER'S MAIDEN NA	ME MIOOLE NOWN	LAST
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)		013-20-6924	William S. St	tevens same as	above
ATION	Conditions, if ony, y gave rise to imme couse (o), stating underlying couse	which diote the lost. ANT CONDITIONS C	OR AS A CONSEQUENCE OF THE CONTRIBUTING TO DEATH BUT	Congestive the shock respect to the shock repriet a NO MELATED TO THE SAME OF	le age	years - 3 days TEN IN PART TIG
CERTIFICATION	71s. ACCIDENT WAS UNDER	-m mm-s-mm	and an one of the papers	and the second s		FYING CAUSES OF DEATH?
MEDICAL C	OR CONTRIBUTING CALL LIST ETHER, NOTISE MEDICAL 214 INJURY OCCURRED AT WORK CONTRIBUTION AT WORK	D 21e PLACE (AT HOME, ST	OF INJURY HEET, FACTORY, OFFICE, FARM, ETC.)	7H LOCATION	CHA OR FOWN	COUNTY STATE
			y after death.	nd that in m (our) apinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	death occurred on the date and have	r and from the couses stated 22c. DATE SIGNED 9/13/87
20	Alber	t S.C.	Sun. M.D.	1800 Har	ford Rd. Fall	ston 21047
	BURIAL, CREMATION, RE (SPECIFY) Removal	9/17/		ove Cemetery	Lynn E	SSEXY Mass.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: should be detached for with the State Dept of IMPORTANT: If Item 2

(VRA 15, 4)

24 FUNERAL DIRECTOR

Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

Lynn

Essex

Mass.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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		1	FOR	DEDARTME	STATE OF MARYLAND	course of in a st	
		1-	STATE		ENT OF HEALTH AND MENTAL H	100	
	_		REGISTRAR		AMINER'S CERTIFICATE O	KEO. I TO.	19
65	785 SEP	16	CEASED NAME FIRST	WIDDLE	LÄŠĪ	OF ESTI-	DAY YEAR 25 HOUR
	23.52.52 E.	D 0	Tina	L.	Tearl	DEATH MATED 1 9/8	8 19 87 A
	ARY, PLEASE L DIRECTOR YOUR FILES. N72 HOURS FON STREET.	3. SE	X 4 HACE	5 DATE OF BIRTH 6	AGE IN YEARS IF UNDER 1 YR. IF UNDER		
	Z H Z H	F	Derent 111	MONTH DAY YEAR	LAST BIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD 9/	DAY YEAR 24 HOUR
	SARY, ALDIR YOUR IN 72	1 de	WITHDLACE CITATION	7b. CITIZEN OF WHAT COUNTRY	VYRS.	9 BALTIMORE CITY OR COUN	8/ 19 87 P _M
	対象は正型	1 2	Michigan O	11/1	MARRIED NEVER MARRIE	ED X	
	25.53	1/	Maryland	4.5,7,	WIDOWED DIVORCE	Harford County	Y, MD
	STAN BE	12.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS!	NG HOME, OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS
	3022%	4	Fallston	Fallston Gener	ral Hospital	Homomakes	Done
	- 25300 7	USU	AL RESIDENCE IN MINUSING HOME	E OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	7,077 - 1	0.00000
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	VY	DE LIMITO BECOU	13 ANS	San Agreer M. Manuelly Limited	130 STAGET ADDRESS OF TOTAL	MANAGY
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	IN ASSAULT	12	WILL THE WAY	LANCE - LANCE	15 MOTHERS MAIDE	NAME MIDDLEY	LAST ()
	BB 38 V	12	Mulli	2, lear	1000	my 1, 15	Zarx.
1	三 の名語を言		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL	SECURITY NO.	ADDRESS A	1111-1-1
1	E PHILES	1	110 -	- X22-4	4-0146 Withwr	Slear U- /Kla	dellans Un
	100 S		18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b), ar	nd (c))		APPROXIMATE INVERVAL D
	\$ 0 S S S S S S S S S S S S S S S S S S	10	PART I DEATH WAS CAUS	SED BY:	Head Injuries		BETWEEN ONSET AND DEATH
	PRESTON THIN 24 CIL IN ITEM VER ALON ANSIT PER AL HYGIE REMOVAL	V	8/50 IMMEDI	ATE CAUSE (a)			
	201 W. PRESTOR JIED WITHIN 24 IN PENCIL IN ITE STAMINER ALL - TRANSIT PE AMENTAL HYGIE ON, OR REMOVA		Canditians, if any, which		OUENCE OF		
	FED WITHIN Y PRES FED WITHIN Y PENCIL IN PENCIL I		gave rise to immediat	te (b)			
	W PENCENTER OR TO SENTER OR TO		lying cause last.	DUE TO, OR AS A CONSE	OUENCE OF		
	S, 201 VI ECUTED SI IN PROPERTY IN PROPERT		7,000 0000	(c)			
	0 254944		PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	[] (a)	
	RECOR D BE ENDIN MEDIC AS A S EALTH CREM	Z					
	EA A MEN	1 Ĕ	198. DATE OF OPERATION	195 CONDITION FOR WH	ICH OPERATION WAS PERFORMED?		20 AUTOPSY?
	SIAL SEL	1 2					
	SIVISION OF VITAL REC. CERTIFICATE SHOULD BI RITING THE WORD "PENI RDED TO THE CHIEF ME E.3 SHOULD BE USED AS E. DEPARTMENT OF HEAL! OI PRIOR TO BURIAL, CR.	CERTIFICATION	210 EXTERNAL CAUSE WAS				YES 🗱 NO 🗌
	O RESTAND	7 6	UNDERLYING E OR	116 TIME OF INJURY HOUR XXXMONTH DA	AY YEAR	LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	ART 2]
	SECOPES	1 3	CONTRIBUTING CAUSE OF			o/lost control/hit	enbankment
	BIVIS REITIN REITIN REDED 36:3 SP TE DEP	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY I			
	THIS CHARTE WARDE PAGE 3	12	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) LOAdway	I-95 S. Bradsh	aw Rd., Harford Col	anty, Md. STATE
	E, WR RWARI PAGE STATE			-	- A		* .
	A A B B A B A B	1	228. I certify that I taak cha	rge of the remains described above,	held an Autopsy . Inspection	L, Inquiry L, and in my of	pinian
1	MERCE STATE	1	death resulted fram: Nat	rural causes Accident	. Suigide . Hamicide .	Undetermined manner	
	S S S S S S S S S S S S S S S S S S S	1	ACTUAL MO	LLB IT YOU	TITLE (SPECIFY)		0.10.107
	3#03E	1	SIGNATURE	my 1' beg	Assistant Assistant	MEDICAL EXAMINER SIGNE	
	AEDIC CUTE THE E 4 SH UNNER IMORE	1					
	₹ SHERF		(TYPE OR PRINT) Ma:	rio F. Golle, Jr.	., M.D. ADDRESS 111	Penn St., Balto., M	Md. 21201
	PAT PET P	23a.B			ALOF CEMENTEY DR CHUMATORY	DEJOSATIONA 101	1001
1/2	J60 (10)	1	DUHLAV	9/12/87 1	GOOK CHOOLEN	17712 16/201"	N.C-LOU
1 /25	7 97	24 F	UNERAL DIRECTOR	2 / /4	DATERE	EC'D. BY REGISTRAR LIST REGISTRAR'S S	SIGNATURE
	DHMH - 17	1	17402100	15 1/180841 W	whathand DA CED	1 5 4007 Ali Parida	- Handell
	(VR A15 ME (5))	4	1000	100001-11a	JEF SEF	10 1901	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	0.0	0	J. DEC		RST		MIDDLE	Ĺ	AST		20. DATE OF D	EATH MONTH	DAY	YEAR	2b HOUR
	be 3	4	34411		ar	d	Α.	Tho	mpson		. 35	9	2	2 87	M
	aoy er de	/	3 SEX	(=		4. RACE		5. DATE C	F BIRTH	E ALTH	6. AGE (INYEA	RS LAST BIRTHDAY)		UNDER I YEAR	
	ector rs off			Male		White		MONTH 3	1°4	1°4	73	YE		VIHS DAYS	HOURS MIN
	Pour der	2/		RTHPLACE (STATE OR FORE)	GN	76 CITIZEN OF	WHAT COUNTR	Y? 8. MARRIEI	□ NEVED A	MARRIED .	9 BALTIMOR	E CITY OR COU	NTY O	FDEATH	
	nero n 72	50	,	Delaware		U.S.	Α.	WIDOWE	37	VORCED [Harf	ord Co	unt	c y	MD.
	er d with	S A	10. CI	TY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HI					120 USUAL O	CCUPATION OR MOST OF WORKIN			OF BUSINESS OR
0	S of		1	berdeen		12	Church	_	n						e, A.P.G.
212	hour be f	- Pe	USU	L RESIDENCE (IF NURSING	HOME OR		GIVE RESIDENCE BEI		13d. INSIDE C	ITV I IMAITCO		DRESS / ZIP C			
ON N	24 Fille owld	100	2.0	rvland		rford	Aberde		YES X	NO [rch Gre		2100	01
YILA	ig 35	SA I	-	THER'S NAME		The contract of			15 MOTHER'S	S MAIDEN NA					
MAR	P 45	X		Samue1		E.	Thom	pson	1	Mary		L.		Cui	rtis
RE,	ecute 8	B . /	16a V	AS DECEASED EVER IN		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMA	NT	C	ADDRESS	fore	d War	
IMO	e e	1/5	()	No OR UNKNOWN) (II		N/A	705-1:	2-2625	Mary E	. Hetti	nger I	310 Sal	ie,	Ky.40	0222
ST., BALT	rtificote li g ph on pomen	eveil		18 CAUSE OF DEATH IE PART I. DEATH WAS IM/	CAUSE	ly one couse per D BY: E CAUSE (a)		ond icil	na, Chr	Bring	hitis.			BETWEEN	XIMATE INTERVAL ONȘET AND DEATH
ESTON	deoth ce ottending ove corbi	aumotic		Conditions, if any, wh		DUE TO, O	R AS A CONSEC	QUENCE OF (cor-pul	monala	l.	T	3	101	425.
W. PR	that the laby the sose remo	r other tr		3	the ost	DUE TO, O	R AS A CONSEC	DUENCE OF							
RDS, 20	requires en signed Then pla	injury, o	NOI.	PART 2. OTHER SIGNIFIC	CANTO	ONDITIONS <u>C</u>	ONTRIBUTING I	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	or condition	GIVEN	IN PART 1	10
AL RECO	he low hos bee	gows ony	CERTIFICATION	19a. DATE OF OPERATION	7	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	200 AUTOP				NGS USED S OF DEATH? NO
OF VIT.	ICIAN T g physici entificate iof-tronsii	лет 18 sh		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEA	in i	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW IN	IJURY OCCURI	RED (ENTERNATU	ire of injury in Item	4 18 PART	1 OR PART 2)	
DIVISION OF	JG PHYSIC ottending ter this cer is the burio	rked or i	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21e PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFI	CE, EARM ETC)	21f. LOCATION STREET	N	E	CITY OR TOWN		COUNTY	STATE
	ATTENDIN ospitol or ECTOR: Af ed for use of for use	21 із то		220.1 certify that (1) (this saw the deceased a above, (1) (we) (did)	live on	91-21	19	67	d that in (my)	, 19 19 (our) opinion	, to death occurred	on the date and	, 19.	nd from the	that (I) (we) last couses stated
	the h the h the h the h the DIRI	IT: If Hem		22b. SIGNATURING	S	y rewylle body	oner geom.		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN)	9-2	3-87 ·
	etoined by TO FUNER should be a	MPORTAN		B. PAR ELL		R PRINT)			140 8	HARFO	RD RD,	PALLSTO	N	MD.E	21047
	7 - re- 3	< '	23a. E	URIAL, CREMATION, REA	MOVAL	23b. DATE		C. NAME OF C			23d LOCAT			OUNTA	· VI ME
	RP			Buria1		9/24/8	7	Harford	Mem.	Gardens	Aber	deen	Ha	arfor	d Må.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399 SFP Julia Scrider Pondace

066020 SE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE CERTIFICATE OF DEATH

26007

A	18	B7E			DE		ICATE OF DEATH	REG. N	10.			
1		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	1 0
ı		Develot()	MABEL		R.	TF	ROWBRIDGE	100	9-1	14-87	80%	M
1	1. SE			4 RACE		5. DATE O		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24	HRS
1		FEMAL	le	WHI	TE	DECEM	BER 15. 1907	79	YRS	MONTHS DATS	HOURS	MIN.
1		RTHPLACE (STATI	E OR FOREIGN	76 CITIZEN OF		MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY OF HARFORD	OR COUNT			
1	10 CI	TY OR TOWN OF					OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12h KIND C	OF BUSINESS	MD.
1			GRACE	BREVII	NUR		ME, INC.	HOMEMAKER	OF WORKING LI			
1	13a S	AL RESIDENCE IF	136 COUN		13t. CITY O		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COD	E		
4		MD	HARF	ORO	JARRET	TSVILLE	YES NO X	1606 STEEPLE	CHASE	DRIVE	21084	4
J	TA. FA	THER'S NAME		MIDDLE	IA	ST	15 MOTHER'S MAIDEN NA	ME		LAS		
		DEYO				RIDGE	NELLIE	MIDDLE			RIDGE	
1		VAS DECEASED E			166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDR	ESS			
1	(,	YES, NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES	056 38	4596	ALAN G. TROWBRI	'DGF	SAME AS	#130		
1		18 CAUSE OF D	EATH Enter on	ly one cours per			The state of the s	.002	71112 710		IMATE INTERVAL ONSET AND DEA	
1		PART I. DE AT	TH WAS CAUSE	D BY	CARDI		NARY FA	ILUAE			HRS.	ATH.
1		3000	IMMEDIAT	E CAUSE (o)	- 1111-21	0 - 0 - 1110	2 14777- 1 1.	,,			111(3.	
1				DUE TO, O	- 0	SEQUENCE OF	1115 1.45	EA. / 1. P =		4	WE EN	<< .
ı		Conditions, if		(b)	CONG	ESTIVE	LIE WKI	FAILURE,				
1		couse (a), s underlying cr	tating the	DUE TO, O	R AS A CON	SEQUENCE OF						
1	200			(c)								
	NO	PART 2 OTHER :	SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	ainal disease or con	IDITION GIV	VEN IN PART 1:	a	
1	CERTIFICATION	190 DATE OF OP	ERATION	196. COND	ITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YE	S, WERE FINDI	NGS USED	
	TIE	Charles and						YES NO W		ES T	NO	
1	CER	21a, ACCIDENT WAS	S UNDERLYING				21c HOW INJURY OCCUR		JRY IN ITEM 18	PART I OR PART 2)		
1	1000	OR CONTRIBUTING		in .		H DAY YEAR	THE PARTY NAMED IN					
ı	MEDICAL	21d INJURY OCC	MEDICAL EXAMINER	21e PLACE	M. OF INTURY	19	211 LOCATION					_
ı	ME	WHILE NO	OT WHILE			OFFICE, FARM ETC)	STREET	CITY OR TO	NWC	COUNTY	STAT	E
1	1						29. 10 87	9.	14.	27		
ı	30	220.1 certify that saw the dec	nt (1) (this hospi	tal) attended th	e deceased	Iram 97	, 17	. 10	-		that (It (we)	
1		obave, (1) (w	did na) (وانط ا) (did na	Q. 14 1) view the bady	after death		nd that in (my) (aux) opinion	death occurred an the d	ote and hou			d
١		276. SIGNATURE	10				DEGREE		**	22c DATE		
			WU	Main			ATTENDING PHYSICIAN	MEDICAL STA	CIAN	9.19	2. 87	1.
		KAMR		RPRINT) NITHANI			131 S. Union	me. H	aure.	De Gra	vD.21	078
1		URIAL, CREMATIC	ON, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				_
1	(SPECIFY) BUR	IAL	18SEPTE	MBFR87	EVERGREEN	CEMETERY	OTEGO.		COUNTY	EW YORK	E
	24. FL	INERAL DIRECTO			-			TE REC'D. BY REGISTRAR	25b. REGIS			
		NAME	DINOUNIE	E PA HAV	RE de C	RACE, MD.	21078	0 1 7 1007	1.0	Nordson	0	
1	31.11		THE THOP	- INV	THE UP U	TACE, MID.	210/0	7 1 1 1 1 1 1 1 7	11110.	1 cordion.	readelle	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for use with the State Dept. of Hea

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

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6703.2 SEP:	FOR TATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL'HY CERTIFICATE OF DEATH	GIENE REG. NO.	
	1. DECEASED NAME FIR	ST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be age 3 death	(TYPE OR PRINT) Fil	ippina S.	Volpe	Septe, ber 23,198	7
e d a	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rs of	Female	White	12-11-1885	101 _{YRS}	MONTHS DAYS HOURS MIN.
death, Page uneral direct hin 72 hours	To BIRTHPLACE (STATE OR FOREIGH COUNTRY) Italy	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Harford County	OF DEATH
offer the f	BELair	(IF NOT IN SUCH FACILITY, GIVES	JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF Home Maker	126 KIND OF BUSINESS OR
MARYLAND 2120 ed within 24 hous impletely falled in by and 2 should be file exommenable or	13o. STATE 13b.	the or other institution give residence (COUNTY 13c, CITY OR 18 aldwite)	TOWN 134 INSIDE CITY LIMITS?	2 AScot Court	21013
	Matthew		erticone Josephin	e widdle	LAST
BALTIMORE, cate be execut ysicion and co ppers. Pages, val	160. WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (16.)	S. ARMED FORCES? 166 SOCIAL 213-72 217-18	SECURITY NO. 17. INFORMANT 4-1959 3-5138D Gilda J. Kli	mm - 2 AScot Cour	21013 t Baldwin, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST., res that the death certificated by the attending phyplease remove carboning. cremation, or remove.	Canditians, if any, whi gave rise to immedia cause (a), stating to underlying cause la	ch te hhe st. (c) DUE TO, OR AS A CONS	EQUENCE OF Pan	RMINAL DISEASE OR CONDITION GIV	EN IN PART 110
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of of the this certificate has been signs the bunol-transif permit. There th and Mental Hygiene prior to be orked an Item 18 slows any injury	190 DATE OF OPERATION 19 2 2 10. ACCIDENT WAS UNDERLYIL OR CONTRIBUTING CAUSE	OF DEATH 21b TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART 1 OR PART 2)
DIVISION OF VI	OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	AAU	CITY OR TOWN	COUNTY STATE
TAL OR ATTEND y the hospital of A. Diff CTOR: define he do use the best of Hec	now the developed of	hospital) attended the deceased from the deceased from the body after death.	DEGREE ATTENDING PHYSICIAN	n death occurred on the date and hav	22¢. DATE SIGNED
TO HOSPITA	230 BURIAL CREMATION REM	1 A. 1450	220 ADDRESS 9 X L 230 NAME OF CEMETERY OF CREMATORS	& Kingsville	md, 21087
BP	Burial		Parkwood Cemetery	Baltimore, Mar	yland STATE
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	Inc6/15 Bolos	ESS Pond-21206 250 \$	EP 2 8 1987	RAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fungral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

066744

ITEM:14 per FH G-672 2/12/91

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	0	0		J
		- 2		

1 8	FOR TTEM: 14 PER STATE G-672 2/12	er FH DEPA 2/91 cm	RTMENT OF HEAL CERTIFICA	TH AND MENTAL	L HYGIENE	2 6	0 (J
I. DE	CEASED NAME FIRST RICHARD	MIDDLE	Watt	279	20 DATE OF	DEATH MONTH	DAY YEAR 20 87	26 HOUR 901
3. SEX		4. RACE	5. DATE OF B		R	ARS LAST BIRTHDAY) 87 YRS	IF UNDER LYEAR	IF UNDER 24 H
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY2 8	NEVER MARRIED	9 BALTIMO	HAT FOR COUNT	Y OF DEATH	1 8
10 CI	TY OR TOWN OF DEATH	F-11-1	RSING HOME OR C		120 USUAL C	OCCUPATION FOR MOST OF WORKING L		OF BUSINESS
13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE	OWN 13d	I INSIDE CITY LIMIT	TS? 13e STREET A	Archer	S+.	21014
-	ATHER'S NAME WILLIAM	HENRY WATTERS	15.	MOTHER'S MAIDE		MIDDLE	es cot	61.4
160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS VE WAR OR DATES) 220-2		INFORMANT JOHN W	WAHERS	ADDRESS 8	haron	RE
	PART I. DEATH WAS CAUSE	nly one couse per line for (2) b'. TE CAUSE (a)	SPIRA	TOWN	Annes	1	APPROX BETWEEN	MATE INTERVA ONSET AND DE
	Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSE	rgesine	- HEAR	प्र वि	ilue	ho Ye	us n
N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE	E TERMINAL DISEASI	OR CONDITION G	IVEN IN PART 1	0
IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION W	/AS PERFORMED	200 AUTO	IN CERT	ES, WERE FINDI	
AL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH		R HOW INJURY OF	CCURRED (ENTER NA	TURE CO INJURY IN ITEM 18	PART 1 OR PART 2}	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFF	FICE, FARM ETC)	LOCATION STREET	0	CITY OR TOWN	COUNTY	STAT
	w the deceased alive an	at) view the bady after death.	973	19, 19 hat in {my} (our) or	, ta pinian death occurre	d an the date and ha		that (I) (we)
	776 EIGDATURE	MARLE	M	ATTENDI PHYSICI		STAFF PHYSICIAN	22c. DA E	SIGNED EL
1	BARILY	A. Woth	M.D "	2003 K	COCKSPRI	in RA	Foreitz.	HILLI
	BURIAL, CREMATION, REMOVAL	236 DATE 092387	230 NAME OF CEMI			ORTOWN	COUNTY	STA

GEORGE W TIHLE RO, JARREHSULLEMD SEPTEMBER 250. REGISTRANDORS.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	' '	REGISTRAR	CERTIFICATE OF DEATH						
	1 DECEASED NAME FIRST		MIDDLE		400 NG		20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
deot deot		IRENE		٧.				-12-81	D IF (INDER 24 HRS
4 mo	3. SE)		RACE		5. DATE OF BIRTH MONTH DAY YEAR		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
oge ours ours	all .	EMALE	WHITE DE WHAT COUNTRY?		3 5 1901			YRS DE DE ATH	
1 2 Feb 2 Fe	/a. Bii	RTHPLACE STATE OR FOREIGN 7			MARRIED	□ NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY OF DEATH HARFORD MD.		
oe e e		BAltimore, Md.	U.S.A.		WIDOWEL		120 USUAL OCCUPATION		OF BUSINESS OR
1/4 9/	15 1	ALLSTON	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FALLS TO N GEN THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		(DDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
	20	L RESIDENCE (IF NURSING HOME OR C			ADMISSION)		Registered Nurse Retired		
anid b	130 S Mc	TATE 136 COUN	Baltimore		V	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 1611 Shadyside Rd. 21		21218
of thin	14. FA	THER'S NAME		LAST		15. MOTHER'S MAIDEN NA			TAST
ald and	1	William "	John	John Young D FORCES? 166 SOCIAL SECURITY		Lucy	Ellen	Moore	ASI
D D D		AS DECEASED EVER IN U.S. ARA	NED FORCES?			17 INFORMANT	ADDRESS 341	6 Clayton	n Road
Poges		es, no or unknown) (IF yes, give	215-32-0593		593	MRS. Essie P	. Simpson Joppa, MD -21085		
ote k		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per l	ine for int, this, and	IC y	0			
g phy on po emor			CAUSE (o)	ara	uc	arrest		ED773	9/12/87
nong corb , or r		Co Day	DUE TO, OR	AS A CONSEQUE	NCE OF	· - 1. A	D .10 C		
Tour roun		Conditions, if any, which gove rise to immediate	(16)	usense	yr	aer engles	- Champer	yes	
Wei in the second		couse (o), stoting the underlying couse lost. DUE TO, ORAS A CONSEQUENCE OF							
2 0 0		(c) VIII III COLOR COLOR							
Then p in bury.	NO O	PART 2 OTHER SIGNIFICANT ONDITIONS CONTRIBUTING TO DEATH BY NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1:							
prior	CERTIFICATION	190 DATE OF OPERATION	IM. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINE	DINGS USED
he lo	Ē	Ph. 5257			1.		YES NO	YES	NO 🗆
N. T. N. T. Store cote cote cote cote cote cote cote cot	U	210 ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
ICIA g pl g pl g pl mol-t mol-t	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	n l		19				
his of Me bury	MEDICAL	21d INJURY OCCURRED	21e. PLACE C	OF INJURY	ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
offer of the hon	2	AT WORK NOT WHILE AT WORK			_	0-	2 0 4	0.7	1
NDIR R. A Luse Health		22a.1 certify that (1) this haspit			Je	NF. 10, 19 0	T. 10	107	, that (1) we) lost
ATTE Spite CTO A for of h		sow the deceased all e on above (I) we) (did) (did not	view the boyy	fter death.			death occurred on the date or		
OR DORE		27b. SIGNATURE	1		_	DEGREE	MEDICAL _ STAFF	01	TE SIGNED
ITAL Sy the RAL Stote Stote		224. PHYSICIAN'S NAME (TYPE OF		in, u		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	11/1	407
TO HOSPITAL retoined by th TO FUNERAL should be deto with the Store IMPORTANT:		Albert.	S. C. Sa	un, mi	D .	1800Harfa	ad Rd Fall.	ston a	21047
5 € 5 € 3 ₹		SPECIFY)	23b. DATE	23 L N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		Burial	9-15-	87 We	esterr	CEmetery	Baltimor	e,Marylaı	nd
DHMH - 16 60M 7/84		INERAL DIRECTOR		ADDRESS		otn 4	E REC'D. BY REGISTRAR 25b. R	REGISTRAR'S SIGN	
(VRA 15, 4)	Jo	ohn C. Miller, I	nc641	5 Belair	Rd2	21206 SEP 1	7 1201 Amra 10	Parally - Kong	A.C

06543,6 36 1537 E181 / 1-7-6 Comment of the second of the s The state of the s 10 11 said 13 said 14 PRICE STATES TO STATE OF THE STATES AND ASSESSED.